



Record Application Form

Application Id:-..... Membership No:-.....

Required information about the record breaker:

First Name:-..... Last Name:-.....

Date of Birth..... Occupation.....

Telephone no Mobile no.....

Team head /Company (If record is made by a group or a company).....

Member 1..... Member 2.....

Member 3 Member 4.....

If the team member exceeds four please write down their name on a different piece of Paper and send as an attachment with this form.

Email Fax (if available).....

Website (if available).....

Permanent Address: -
.....

Please mention record category:-
.....

The record was broken on (Date) at..... (Place)

Measurement, Facts etc:-.....
.....
.....
.....

Detailed rules that were followed during the attempt:-.....
.....
.....
.....

- Photographs included. (They can be used by the author for the “India Book of Records” and other publications license-free. I acknowledge that the copyright is not owned by third party)
- Newspaper cuttings included
- VCD/DVD included
- Logbook included (needed for endurance marathons and some other categories)

I acknowledge that the information given here is true

Signature of the record breaker

(Need to be signed by the group head in case of a group/team record)

Signature of the Guardian
(If the record holder is below 18 year of age)

Witnesses and judges

These forms need to be duly signed and stamped by at least persona in a responsible position (a mayor, sports, referee or someone of that caliber.) For record attempt in specialized field, at least one of the witnesses should be an expert in the field (for example a renowned mathematician or a math's teacher for mental calculations.)

If witness prefer, statement can also be given on a separate paper validated by **public notary, but** they must include the information given below.

We have witnessed the record attempt described on the other page and confirm that the details about the claim given in this application form are true.

First witness:-

First Name:-..... Last Name:-.....

Designation

Company Stamp / Seal:-

Phone..... Fax

Postal Address.....

Signature:-

Second witness:-

First Name:-..... Last Name:-.....

Designation

Company Stamp / Seal:-

Phone..... Fax..... Email.....

Postal Address.....

Signature:-

Please note that we cannot return any material sent to us.

We strongly advise to make a copy of your documentation before sending it to us.

Sent the form with other documentations(Photographs ,Newspaper cuttings ,VCD,logbooks) to
India Book Of Records :- B121 2nd Floor Green Fields Colony Faridabad, Haryana
Email :- support@indiabookofrecords.in