

## MAI KARTING COMPETITION LICENCE RENEWAL FORM

1. To be filled in Capital letters only and tick where applicable.
2. Attach 4 STAMP size photographs
3. Attach a copy of the birth certificate OR passport of the driver OR Civil Driving Licence
4. Submit the attached Medical Certificate to be completed by a Registered Medical Practitioner
5. The Indemnity is to be signed by all applicants, without which the licence will not be issued.
6. Send completed form to the MAI at the address given above.

### TO BE FILLED BY ALL APPLICANTS

|  |  |   |  |
|--|--|---|--|
| <b>Application for National</b>            | <input type="checkbox"/> <b>JUNIOR</b><br>(Age 8 – 10) | <input type="checkbox"/> <b>INTERMEDIATE</b><br>(Age 10-15) | <input type="checkbox"/> <b>SENIOR</b><br>(Age 15 & above) |
| <b>Application for International</b>       | <input type="checkbox"/> <b>GRADE C</b>                | <input type="checkbox"/> <b>GRADE B</b>                     | <input type="checkbox"/> <b>GRADE A</b>                    |
| <b>First Name</b>                          |  |   | <b>Last Name</b>   |
| <b>Address</b>                             |  |   |  |
|  |  |   | <b>Pin-code</b>  |
|  |  |   |  |
| <b>Telephone</b>                           | <b>Off: (    )</b>                                     | <b>Res: (    )</b>  | <b>Fax: (    )</b>   |
| <b>Mobile</b>                              |  | <b>E-mail</b>   |  |
| <b>Date of Birth</b>                       | <b>dd/mm/yy</b>  |   | <b>Country of Passport</b>                                 |
| <b>Name of Member Club (if applicable)</b> |  |   |  |
| <b>Membership No.</b>                      |  |   |  |
| <b>Authorised signature of Club</b>        |  |   | Stamp of Club  |
| <b>Next of Kin</b>                         |  |   | <b>Relationship</b>  |
| <b>Address</b>                             |  |   |  |
|  |  |   | <b>Telephone No (    )</b>                                 |

Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Compulsory Specimen \_\_\_\_\_  
Signature of Applicant

## INDEMNITY FORM FOR ALL APPLICANTS

The following indemnity must be completed by the parent or legal guardian of applicants under 18 years of age, by the applicant if above 18 years and by the Corporate / Legal Entity.

### LICENCE APPLICATION INDEMNITY

#### THE FOLLOWING MUST BE COMPLETED BY ALL APPLICANTS:

I, \_\_\_\_\_ of \_\_\_\_\_  
 (Full name of Applicant/Parent/Legal Guardian/Legal Entity) (Address)

#### THE FOLLOWING MUST BE COMPLETED BY PARENT/GAURDIAN IF APPLICANT IS UNDER 18 YEARS OF AGE

In consideration of the Motorsports Association of India at my request as I do hereby acknowledge the granting of a Competition Licence to \_\_\_\_\_

whose date of birth is \_\_\_\_\_ in the grade as applied.

This is to certify that I, the undersigned, submit this application for a MAI Competition Licence. I hereby agree to indemnify the associations known as the FIA, CIK, MAI, (Motorsports Association of India), its affiliated clubs, all sponsors and all or any members, officials or assistants of any of the above named and/or known organisations against injury or accident to myself or damage to my equipment, whether in practice or competition. I undertake to be bound by the rules issued by the MAI now and in the future, to the International Sporting Code of the FIA and to any Supplementary Regulations that apply. I certify that the information contained on this form is, to the best of my knowledge and belief, true, complete and correct in every particular. I agree that any Competition Licence issued is the exclusive property of the MAI. Only the MAI, the CIK or the FIA has the power to grant or withdraw it and to settle any disputes that may arise from its use. By signing this form, I certify that I shall not participate in any event deemed unauthorised by the MAI. Finally, I hereby acknowledge that I am fully conversant with the risk and dangers of motor sports in general which I assume hereby.

**I DO HEREBY FURTHER AGREE** to keep save harmless and keep indemnified the Central and State Governments, the organisers and their respective officials, representatives, sponsors, employees, agents and all persons assisting them in this event from and against all actions, claims, cost, expenses and demands -

- (a) Arising out of any failure to observe the International Sporting Code of the FIA or any regulations laid down by the Motorsports Association of India or any conditions or amendments thereto or the provision of the Supplementary Regulations of any event for which the Applicant may enter or be entered.
- (b) In respect of death, injury, loss of or damage to any property if any or otherwise howsoever and notwithstanding that the same may have been contributed to or occasioned by the negligence of the organisers and their officials, agents, representative, employees and all other persons assisting them in this event.

DATED: .....  
 (dd/mm/yy)

SIGNATURE: .....  
 (Parent/Legal Guardian/Sponsor if applicant is **under 18 years of age**)

APPLICANT (**above 18 years**): .....

**MEDICAL CERTIFICATE FOR MOTOR SPORTS EVENTS**

Possession of the medical certificate signed by a Registered Medical Practitioner is obligatory for drivers taking part in Races and Road Events conducted under the rules of the MAI and it must be produced on demand for inspection by an appropriate official.

**THIS SIDE TO BE COMPLETED BY APPLICANT**

|                      |  |                    |  |
|----------------------|--|--------------------|--|
| <b>Last name</b>     |  | <b>First Name</b>  |  |
| <b>Address</b>       |  |                    |  |
|                      |  | <b>Pin-code</b>    |  |
| <b>Date of Birth</b> |  | <b>Blood Group</b> |  |

**MEDICAL HISTORY**

|                                    |  |  |
|------------------------------------|--|--|
| <b>Name of your regular Doctor</b> |  |  |
| <b>Address of your Doctor</b>      |  |  |

|  |                          |                          |
|--|--------------------------|--------------------------|
| <b>Have you been rejected for life insurance, or accepted only at increased premium, or medical grounds?</b> | <b>YES</b>               | <b>NO</b>                |
|  | <input type="checkbox"/> | <input type="checkbox"/> |

**Have you been treated for – do you now have – or have you ever had any of the following?**

|   |                          |                          |
|---|--------------------------|--------------------------|
| <b>Nervous breakdown, mental disease or disorder</b>                          | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Head injury with unconsciousness or concussion</b>                         | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Heart disease or disorder</b>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>High blood pressure</b>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Diabetes (If yes, do you take insulin or oral diabetic tablets)</b>        | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Dizziness, fainting spells, epilepsy fits or blackouts</b>                 | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Have you had any disease, injury or operation to either eye</b>            | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Is your eyesight normal in both eyes (with spectacles if usually worn)</b> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Allergies if any</b>   | <input type="checkbox"/> | <input type="checkbox"/> |

**I certify that the above statements are true and accurate and I authorise hospital or medical practitioner to furnish information relative to my medical condition to the MAI.**

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**THIS SIDE TO BE COMPLETED BY EXAMINING DOCTOR**  
**NOTES FOR THE EXAMINING DOCTOR**

The following general principles apply in passing a driver as fit to race/rally despite a physical disability. He must not have more than one main disability. If his hand or arms are affected he must still have effective use of both hands in steering. If it is legs, he must have effective use of one leg and foot. He must not be a diabetic or suffer from any of the conditions requiring treatment for the maintenance of physical stability. Applications with impaired or no vision in one eye may be allowed to race provided that they have had this disability for not less than five years and have satisfactory judgment of speeds and distance. In addition, vision in the remaining eye must reach a standard of not less than 6/6 corrected by the wearing of glasses if necessary. Should a Doctor not approve an applicant, on no account should he sign the Declaration below. But instead send this form to the MAI with his observations, recommending whether or not the MAI Medical panel should examine the applicant. Any fee charged for completion of this certificate of the examinations associated with it is the responsibility of the applicant, NOT the MAI.

|                                    |  |
|------------------------------------|--|
| <b>Name &amp; qualification</b>    |  |
| <b>Registered Practitioners No</b> |  |
| <b>Address</b>                     |  |

|  |  |                                       |                 |                          |                          |
|--|--|---------------------------------------|-----------------|--------------------------|--------------------------|
| <b>Are you the regular medical attendant of the applicant?</b>   | <b>YES</b>                             | <b>NO</b>                             |                 |                          |                          |
|  | <input type="checkbox"/>               | <input type="checkbox"/>              |                 |                          |                          |
| <b>Is there any abnormality of the heart or cardiovascular system?</b>   | <input type="checkbox"/>               | <input type="checkbox"/>              |                 |                          |                          |
| <b>Has the applicant free controlled movement of both upper and lower limbs?</b>   | <input type="checkbox"/>               | <input type="checkbox"/>              |                 |                          |                          |
| <b>Right Arm</b>   | <b>YES</b><br><input type="checkbox"/> | <b>NO</b><br><input type="checkbox"/> | <b>Left Arm</b> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Right Leg</b>   | <input type="checkbox"/>               | <input type="checkbox"/>              | <b>Left Leg</b> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Eyes vision - With / without spectacles</b>   | <b>Right eye</b>                       |                                       | <b>Left eye</b> |                          |                          |
| <b>Field of vision</b>   | <b>Right eye</b>                       |                                       | <b>Left eye</b> |                          |                          |
| <b>Pupil reaction to L &amp; A</b>   | <b>Right eye</b>                       |                                       | <b>Left eye</b> |                          |                          |
| <b>Colour vision (For Red, Yellow &amp; Blue)</b>  | <b>Right eye</b>                       |                                       | <b>Left eye</b> |                          |                          |
| <b>Is there evidence of a physical or mental condition past or present which could, in your opinion debar the applicant from motor racing?</b> | <input type="checkbox"/>               | <input type="checkbox"/>              |                 |                          |                          |

This is to certify that I have today examined the applicant in accordance with the requirement of this form and declare that in my opinion he/she is fit to drive a car in road events and circuit races.

**Date:** \_\_\_\_\_ **Doctor's Signature:** \_\_\_\_\_

The act of producing this Certificate at a Race Meeting/Rally is deemed to be a formal declaration by its holder that he/she, since its issue, has not suffered an illness or injury that might be liable to affect its validity.

Doctor's stamp