## CM Trophy India International Challenge 2024

**VISA SUPPORT FORM**

Please complete and return this form to[**Email:-**](mailto:fedebadgt@gmail.com)[Indiaicraipur@badmintonindia.org](mailto:Indiaicraipur@badmintonindia.org) **before 22nd October 2024.**

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| **Name of Member Association:** |  | | |
| **Contact Person:** |  | | |
| **MOBILE NUMBER:** |  | **PHONE NUMBER:** |  |
| **E-MAIL:** |  | | |

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| No. | Mr/Ms | Surname | First Name | Passport No. | Expiry Date | Date of Birth | Nationality | Occupation/ Position |
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