



SPORTS AUTHORITY OF INDIA
NS REGIONAL-CENTRE, LUCKNOW
Annual Training Plan Year

Name of the Coach : _____ ; **Discipline :** _____ ; **Period from :** _____ **TO** _____ ; **Place of Posting :** _____
Venue of Training : _____ **Coaching hours:** Evening : _____ Office hours _____ to _____ & _____

Training Phase	1	2	3	Pre-competition	Competition 1 st Phase	Transitional (Active)	Competition 2nd Phase	Transitional (Active)	Competition Final Phase	Transitional Active/Passive	Remarks if any
During (No. of Days)											
Volume of Load											
Endurance											
Strength											
Speed											
Flexibility											
Agility											
Specific Motor Ability											
Technical Trg./Skill											
Tactical Trg.											

Number of Days available for training during the Year : _____
 Number of Days spent in the actual competition : _____
 Actual hours put in for training during the year : _____
NOTE :- Training Load

(Signature of Coach)