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Sports Authority of India (SAI)

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The **Sports Authority of India (SAI)** develops sporting talent. It supports athletes through training, facilities and sports science. It was established in **1984**, following the **1982 Asian Games in New Delhi**.

SAI has supported Indian sport for over **40 years**. A stadium supplies a place to compete. Athletes also need coaches, regular practice and support between competitions. SAI links those needs with the facilities left by the Games.

Why was SAI established?

From a Games venue to continuing athlete development

SAI was created to carry forward the legacy of the **1982 Asian Games**. Its founding resolution dates to **25 January 1984**. It was established as a registered society under the Department of Sports.

SAI now works under the **Ministry of Youth Affairs and Sports (MYAS)**. The ministry sets sports policy. SAI's work includes developing athletes and using sports facilities.

Consider a running track built for one international event. Without continuing training, the track alone cannot produce another generation of runners. Facilities become more useful when athletes can combine access with coaching and repeated practice.

Holding an event is one task. Supporting athletes after the event is another. SAI's work covers both sports facilities and the people who use them.

Sources: sportsauthorityofindia.gov.in; cbseacademic.nic.in

Who leads SAI?

The Union Minister of Youth Affairs and Sports is the **President of SAI's General Body**. Its membership includes the Secretary (Sports), SAI's Director General, state sports ministers and Members of Parliament. Sportspersons also help guide SAI.

The **Director General** is SAI's principal executive officer. The two offices have different roles. The General Body guides SAI. The Director General runs its day-to-day work.

As of **15 October 2026**, SAI's Director General is **Hari Ranjan Rao**. He also held the Director General's office in February 2026. Office-holders can change, while the distinction between the offices remains useful.

Sources: sportsauthorityofindia.nic.in; sportsauthorityofindia.gov.in

> **Quick check 1.** SAI was established before the 1982 Asian Games. *(True or False?)* See answer ↓

How do SAI's training schemes differ?

School talent and junior training

The **National Sports Talent Contest (NSTC)** began in **1985**. The school scheme finds sporting talent aged **8–14 years**. Schools in the scheme combine study with sports training.

SAI Training Centres (STCs) groom junior athletes scouted from the grassroots. STCs serve athletes aged **10–18 years**. States provide the facilities. SAI supplies training and athlete support.

The two age ranges overlap. That overlap does not make the schemes identical. NSTC's school setting differs from the training-centre model.

Imagine a talented school athlete who needs regular coaching. A school-based programme can support learning and sport together. A training centre offers regular coaching in its own facilities. Entry depends on each scheme's rules.

Sources: sportsauthorityofindia.gov.in; sportsauthorityofindia.nic.in

Excellence centres include development athletes

National Centres of Excellence (NCOEs) provide specialised coaching and support for promising athletes. Their facilities bring coaches, sports scientists and diet experts together.

NCOEs train both elite and developing athletes. Junior talent also trains within this system. Describing every NCOE trainee as a senior elite athlete would therefore be misleading.

A coach can improve technique on the field. Diet experts and sports scientists address other training needs. These staff support needs beyond field skills.

Check each centre's role before assuming who trains there. The name "excellence" describes the training objective. It does not prove that every athlete has already reached the international podium.

Sources: sportsauthorityofindia.nic.in; sportsauthorityofindia.gov.in

TOPS supports preparation for the podium

The **Target Olympic Podium Scheme (TOPS)** began in **September 2014**. It supports high-performance athletes preparing for Olympic and Paralympic success. Support can fund training abroad, events, sports gear and coaching.

TOPS was revamped in **April 2018**. A new technical support team helped manage athletes' needs.

A training centre and an athlete-support scheme are different things. A centre offers a place to train. TOPS can support an athlete's particular preparation needs beyond that environment.

An athlete may need to compete abroad while also training at home. That need differs from simply having access to a local playing field. India needs both local training and support for elite athletes.

Sources: sportsauthorityofindia.gov.in

School talentNSTC: identify and nurture school talent.
Junior trainingSTCs: sustained coaching and athlete support.
Specialised centresNCOEs: elite and development training.
Targeted preparationTOPS: support individual high-performance needs.
The diagram compares each scheme's role. It does not show a fixed route between schemes. An athlete does not enter TOPS merely by attending an NSTC school. Selection and support depend on the relevant programme.

> **Quick check 2.** NSTC and STCs must be identical because their age ranges overlap. *(True or False?)* See answer ↓

> **Quick check 3.** TOPS began in 2014 and was revamped in 2018. *(True or False?)* See answer ↓

How does SAI fit into wider Indian sport?

Participation, talent identification and elite support

Khelo India aims to draw more people into sport and develop top athletes. Its work includes games, sports facilities and talent development. SAI helps implement this wider sports-development work.

The first **Khelo India School Games** took place in New Delhi in **2018**. The Games' starting date should not be confused with the broader programme's history. The Games are one part of a wider programme.

The **Khelo India Rising Talent Identification (KIRTI)** programme targets children aged **9–18 years**. KIRTI uses tests to find sporting talent. The range differs from NSTC's **8–14 years**.

Sport needs both a broad base and expert support. More people playing sport can help reveal talent. Promising athletes then need training and chances to compete. Neither broad access nor elite support can meet every need alone.

Sources: pib.gov.in; newindiasamachar.pib.gov.in

Training support does not replace anti-doping regulation

SAI supports athlete training. The **National Anti-Doping Agency (NADA)** has a different role. NADA leads India's work against doping in sport.

Athletes can need both training support and anti-doping education. Both needs matter, but SAI and NADA have different roles. Think of the distinction as preparing athletes and protecting clean sport.

The wider sports system in India includes ministries, training institutions and sport-specific federations. Check which role a question asks about before choosing an agency. Two bodies can work in sport yet have different duties.

Sources: nadaindia.yas.gov.in; sportsauthorityofindia.nic.in

What did the 2026 updates change?

A healthcare partnership, not a new training scheme

SAI signed a Memorandum of Understanding (MoU) on **10 July 2026**. Its partner was **Safdarjung Hospital's Sports Injury Centre (SIC)**. SAI brings athletes' needs to the partnership. SIC brings medical skills.

Joint work covers sports medicine, rehabilitation and research. It also covers medical education and training. Its aims include treatment protocols and injury-prevention strategies. These are plans for joint work. They do not prove that every planned service has begun.

Officials stressed the need for evidence suited to Indian athletes. Benchmarks based largely on Western populations may not fit Indian athletes' needs. Research can test that fit instead of assuming every benchmark transfers unchanged.

Officials also proposed linking SAI's Centres of Excellence with nearby medical colleges. Such links could bring specialist care and research closer to athletes. A proposed network is not a completed network.

Sources: pib.gov.in



Sources: pib.gov.in

SAI athlete network Connects sporting needs and athlete support.
SIC clinical expertise Contributes specialised sports medicine.
Joint work Research, rehabilitation and injury prevention.
The partnership links sports support with medical care. SAI brings knowledge of athletes' needs. SIC brings medical skills. The agreement helps the two teams work together.

Quick check 4. The July 2026 MoU proves that every proposed medical-college link was already operational. *(True or False?)*

See answer ↓

Selection transparency and coaching priorities

The National Sports Federation (NSF) Conclave met in New Delhi on **7 August 2026**. Sports Minister **Mansukh Mandaviya** chaired the meeting. The meeting included **Raksha Khadse**, SAI officials and federation representatives.

The meeting reviewed plans for three events. These were the **Asian Games 2026**, **Los Angeles Olympics 2028** and **Commonwealth Games 2030**. Mandaviya called for open selection trials. Cameras should record the trials, with observers present. He stressed that athletes should not face injustice in selection.

The meeting discussed action across the doping supply chain. This includes makers, suppliers and people who help doping. The minister sought more skilled Indian coaches. He called for less reliance on foreign coaches.

Fair rules and strong coaching both support athletes. Better coaching addresses preparation. Fair selection governs which athletes get to compete. A call for action does not prove that every federation has acted.

Sources: pib.gov.in; ddnews.gov.in

Publishing the route before athletes compete

The Sports Ministry issued a directive on **9 July 2026**. Recognised Olympic-sport federations had to publish their Los Angeles **2028** qualification and selection pathways. The stated deadline was **15 July**.

The pathways also had to be shared with SAI and federation member units.

An athlete needs to know both how to qualify and how selection works. Published rules help athletes plan on the same basis. Others can also check the stated rules.

Keep the two July events separate. The **9 July** directive concerned selection transparency. The **10 July** MoU concerned sports medicine. Sharing the month does not make them the same initiative.

Sources: ddindia.co.in; pib.gov.in

> **Quick check 5.** The July selection directive and the Safdarjung MoU addressed the same task. *(True or False?)* See answer ↓

Questions that connect the institutions

Can an athlete use training support and specialised medical care?

Yes. Coaching and medical care address different needs. The SAI–SIC partnership aims to connect athlete support with clinical expertise. A coach still has a different role from a doctor.

Why learn the purpose before memorising the acronym?

NSTC, STCs, NCOEs and TOPS do different work. Their purposes explain why the schemes coexist. Names alone can hide the difference. Finding school talent and supporting elite athletes are different tasks.

Practice MCQ

Practice MCQs

1. The Sports Authority of India (SAI) was set up in 1984, to carry forward the legacy of which event?

A. The 1982 Asian Games

B. The 1951 Commonwealth Games

C. The 1951 Asian Games

D. The 1987 Cricket World Cup

See answer ↓

2. Which SAI scheme, launched in 2014, provides financial assistance and training support to elite athletes on Olympic-priority disciplines?

A. The National Sports Talent Contest (NSTC)

B. Khelo India

C. The Target Olympic Podium Scheme (TOPS)

D. SAI Training Centres (STC)

See answer ↓

3. SAI's National Sports Talent Contest (NSTC), launched in 1985, scouts talent from schools in which age group?

A. 25-30 years

B. 18-25 years

C. 5-7 years

D. 8-14 years

See answer ↓

4. On 10 July 2026, SAI signed an MoU with which institution, to strengthen sports medicine and athlete healthcare?

A. Safdarjung Hospital's Sports Injury Centre

B. AIIMS Delhi

C. The National Institute of Sports, Patiala

D. The Indian Olympic Association

See answer ↓

5. The Khelo India Rising Talent Identification (KIRTI) initiative targets sporting talent in which age group?

A. 12 to 21 years

B. 9 to 18 years

C. 15 to 25 years

D. 6 to 14 years

See answer ↓

Answer Key

1. **A.**
   SAI was established in 1984 after the 1982 Asian Games in New Delhi. Its purpose included continuing the use of the Games' sports infrastructure. The question links the institution's founding with that event. The other listed events do not explain this founding relationship.
   ↑ Q1
2. **C.**
   TOPS began in September 2014 to support high-performance preparation for Olympic and Paralympic success. Support can include training, equipment and international competition exposure. NSTC identifies school talent, while STCs provide junior training. Khelo India has a wider participation and development role.
   ↑ Q2
3. **D.**
   The regular-school NSTC scheme targets children aged 8–14 years. It combines school education with scientific sports training. The older age ranges do not describe this school scheme. KIRTI's 9–18 range belongs to a different talent-identification programme.
   ↑ Q3
4. **A.**
   The agreement was signed with Safdarjung Hospital's Sports Injury Centre on 10 July 2026. It connects SAI's athlete network with specialised clinical expertise. Its scope includes rehabilitation, research and sports medicine training. The other institutions were not the named partner in this agreement.
   ↑ Q4
5. **B.**
   KIRTI targets children aged 9–18 years for sporting talent identification. Do not confuse its age range with NSTC's 8–14 years. A programme's target ages identify the group it assesses. The other listed ranges do not match KIRTI's stated target.
   ↑ Q5

Quick-check answers

1. **False.** The Games were held in 1982. SAI followed in 1984. ↑ 1
2. **False.** Their age ranges overlap, but the school-based and training-centre models serve different settings. ↑ 2
3. **True.** The original scheme began in September 2014. The April 2018 revamp added dedicated technical support. ↑ 3
4. **False.** The medical-college links were proposed. An agreement and a completed network are different stages. ↑ 4
5. **False.** The directive concerned qualification and selection pathways. The MoU concerned healthcare and sports medicine. ↑ 5

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