

INTERBRANCH-2019

Phase-2

NAME OF PARTICIPATING BRANCH:

NAME OF THE CAPTAIN:

CONTACT NO. OF THE CAPTAIN:

EMAIL ID OF THE CAPTAIN:

Name of sport in which you are participating:

Basketball Badminton Cricket Table Tennis

S.No.	Name of the members	Enrollment/Admission No.	Year	Phone no.

- Certified that the above details are true as per the record of Institute.
- The team/participant will be responsible for their own safety and security. Sports department will not be responsible for any mishappening.
- If any team /participant found guilty of any indiscipline, illegal and obscene behavior then the sports department has full authority to take strict action against the team.

Note: It is mandatory to submit this form along with COLLEGE ID.

Participant must fill the online form both for the team and the members of the team. Without filling the form your registration is invalid.

Submit the registration form with the registration fee in the sports office latest by 31st of January 2019.

Date: _____

Sign of CAPTAIN

Approved by DEAN / H.O.D.