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# SASTRA UNIVERSITY

## REGISTRATION FORM

Name of Institution: \_\_\_\_\_

\_\_\_\_\_

Phone number : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EVENTS:

S:NO	SPORT	TICK BESIDE EVENT	NUMBER OF MALE PARTICIPANTS	NUMBER OF FEMALE PARTICIPANTS
1	BASKETBALL	<input type="checkbox"/>		
2	BADMINTON	<input type="checkbox"/>		
3	FOOTBALL	<input type="checkbox"/>		
4	VOLLEYBALL	<input type="checkbox"/>		
5	TABLE TENNIS	<input type="checkbox"/>		
6	CHESS	<input type="checkbox"/>		
7	BEST PHYSIQUE	<input type="checkbox"/>		
8	CRICKET	<input type="checkbox"/>		
9	TENNIS	<input type="checkbox"/>		

Total number of Male Participants : \_\_\_\_\_

Total number of Female Participants: \_\_\_\_\_

Name of the Faculty In-Charge: \_\_\_\_\_

CONTACT NUMBER OF THE FACULTY : \_\_\_\_\_

Accommodation:

MEN		WOMEN	
YES	NO	YES	NO

Enclosures Required:

1. Name and details of participants and the accompanying faculty member.
2. Registrations fees in the form of Demand draft in Favour of "SASTRA UNIVERSITY" payable at "THANJAVUR"

Details of DEMAND DRAFT:

Amount:

Issue Date:

DD Number:

Bank Name:

Signature of Faculty In-Charge with seal

Signature of Head of Institution with seal

Seal of University/college

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For Office use

Date of reception of form:

Serial number :

Enclosures received : 1.

2.

Name and signature

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