

# SASTRA DEEMED TO BE UNIVERSITY



## REGISTRATION FORM

NAME OF THE INSTITUTION : \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

\_\_\_\_\_

EMAIL ID : \_\_\_\_\_

### EVENTS:

SL NO	SPORTS	TICK BESIDE THE EVENT	NO OF MALE PARTICIPANTS	NO OF FEMALE PARTICIPANTS
1	BADMINTON	<input type="checkbox"/>		
2	BASKETBALL	<input type="checkbox"/>		
3	BEST PHYSIQUE	<input type="checkbox"/>		
4	CHESS	<input type="checkbox"/>		
5	FOOTBALL	<input type="checkbox"/>		
6	HANDBALL	<input type="checkbox"/>		
7	TABLE TENNIS	<input type="checkbox"/>		
8	TENNIS	<input type="checkbox"/>		
9	VOLLEYBALL	<input type="checkbox"/>		

TOTAL NO OF MALE PARTICIPANTS:

TOTAL NO OF FEMALE PARTICIPANTS:

NAME OF THE FACULTY INCHARGE & CONTACT: \_\_\_\_\_

ACCOMADATION DETAILS:

MEN		WOMEN	
YES	NO	YES	NO

ENCLOSURES REQUIRED:

NAME & DETAILS OF THE STUDENT AND THE ACCOMPANYING FACULTY  
REGISTRATION FEE IN THE FORM OF DEMAND DRAFT IN THE FAVOUR OF **SASTRA**  
PAYABLE AT **THANJAVUR**

**NOTE:** MATCHES MAY BEGIN BEFORE THE FEST, WHICH WILL BE INTIMATED BY A  
PHONE CALL

DETAILS OF DEMAND DRAFT:

AMOUNT :

ISSUE DATE :

DD NUMBER :

BANK NAME :

SIGNATURE OF FACULTY  
WITH SEAL

UNIVERSITY/COLLEGE SEAL

SIGNATURE OF  
HEAD OF THE INSTITUTION  
WITH SEAL

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FOR OFFICIAL USE

DATE OF RECEPTION OF FORM:

SERIAL NO:

ENCLOSURES RECEIVED:

1.

2.

NAME & SIGNATURE