

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"/>		

SASTRA DEEMED TO BE UNIVERSITY

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: FOOTBALL MAY BEGIN ONE OR TWO DAYS 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

SIGNATURE OF HEAD OF THE INSTITUTION

WITH SEAL

UNIVERSITY/COLLEGE SEAL

FOR OFFICIAL USE

DATE OF RECEPTION OF FORM:

SERIAL NO:

ENCLOSURES RECEIVED:

- 1.
- 2.

NAME & SIGNATURE

SASTRA DEEMED TO BE UNIVERSITY