



Colosseum
Edition 9
10-12 FEB 2017

SASTRA UNIVERSITY REGISTRATION FORM

NAME OF THE INSTITUTION: _____

PHONE NUMBER : _____

ADDRESS : _____

EMAIL : _____

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	CRICKET	<input type="checkbox"/>		
6	FOOTBALL	<input type="checkbox"/>		
7	HANDBALL	<input type="checkbox"/>		
8	TABLE TENNIS	<input type="checkbox"/>		
9	TENNIS	<input type="checkbox"/>		
10	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**
UNIVERSITY PAYABLE AT **THANJAVUR.**

NOTE: CRICKET AND 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