



# SWAMI ATULANAND HINDU MAHAVIDYALAYA

Parmanandpur, Shivpur, Varanasi 221002

## SPORTS REGISTRATION FORM

|                   |  |                 |  |
|-------------------|--|-----------------|--|
| Name of Student:  |  | Enrollment No.: |  |
| Course/Programme: |  | Year/Semester:  |  |
| Mobile No.:       |  | Date of Birth:  |  |
| Gender:           |  | Blood Group:    |  |

### Sport/Event for Registration:

|                                    |                                    |                                       |                                       |
|------------------------------------|------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Badminton | <input type="checkbox"/> Basketball   | <input type="checkbox"/> Cricket      |
| <input type="checkbox"/> Football  | <input type="checkbox"/> Kabaddi   | <input type="checkbox"/> Volleyball   | <input type="checkbox"/> Table Tennis |
| <input type="checkbox"/> Chess     | <input type="checkbox"/> Carrom    | <input type="checkbox"/> Other: _____ |                                       |

### Previous participation/achievement (if any):

---

---

Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Approved By:

Sports In-charge: \_\_\_\_\_

Principal/Authorized Signature: \_\_\_\_\_