



**6<sup>th</sup> JNTUA INTER COLLEGIATE GAMES MEET**  
**From 27, 28, 1, March- 2015**

**Registration Form**

1. Name of the College:.....
2. College address:.....  
.....
3. Name of the PD/Team Manager:.....
4. Contact No of PD:.....
5. Tick ( √ ) the game(s) to be participated:

**Men Participants:**

<input type="checkbox"/> Volley Ball	<input type="checkbox"/> Basket Ball	<input type="checkbox"/> Ball Badminton	<input type="checkbox"/> Hand Ball
<input type="checkbox"/> Shuttle Badminton <input type="checkbox"/> Singles <input type="checkbox"/> Doubles		<input type="checkbox"/> Table Tennis <input type="checkbox"/> Singles <input type="checkbox"/> Doubles	

**Women Participants**

<input type="checkbox"/> Throw Ball	<input type="checkbox"/> Basket Ball	<input type="checkbox"/> Ball Badminton	<input type="checkbox"/> Hand Ball
<input type="checkbox"/> Shuttle Badminton <input type="checkbox"/> Singles <input type="checkbox"/> Doubles		<input type="checkbox"/> Table Tennis <input type="checkbox"/> Singles <input type="checkbox"/> Doubles	
<input type="checkbox"/> Tennikoit			

6. DD Details:
 

Bank Name: .....	D.D.No:.....
Amount : .....	Date:.....
7. Total Number of Participants: Men:..... Women:.....
8. Attachments:

Attach separate Sheet with names of participants for each Game  
Ticked above (Which is approved by the respective college Principal).

Signature of physical Director

Principal