

DEPT. OF PHYSICAL EDUCATION

6th AUTONOMOUS ENGINEERING COLLEGES INTER COLLEGIATE GAMES MEET (AECICGM) 2019-2020

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

Men Events :

	<input type="checkbox"/>	Volleyball	<input type="checkbox"/>	Basketball	<input type="checkbox"/>	Handball	<input type="checkbox"/>	Kabaddi
No. of participants →								
	<input type="checkbox"/>	Ball-badminton	<input type="checkbox"/>	Shuttle Badminton	<input type="checkbox"/>	Table-Tennis		
No. of participants →								
	<input type="checkbox"/>	Cricket	<input type="checkbox"/>	Football	<input type="checkbox"/>	Chess		
No. of participants →								

Women Events :

	<input type="checkbox"/>	Throwball	<input type="checkbox"/>	Basketball	<input type="checkbox"/>	Volley ball	<input type="checkbox"/>	Tennikoit
No. of participants →								
	<input type="checkbox"/>	Ball-badminton	<input type="checkbox"/>	Shuttle Badminton	<input type="checkbox"/>	Table-Tennis		
No. of participants →								
	<input type="checkbox"/>	Chess						
No. of participants →								

6. D.D. details :

Bank Name :	D.D.No. :
Amount :	Date :

7. Total Number of Participants : Men : Women :

Note : Registration Form & Eligibility Form should be reached to the Organizing Secretary on or before 09.12.2019.

Signature of the Physical Director/Manager

Signature of the Principal / Director