

DR.B.R. AMBEDKAR UNIVESITY, SRIKAKULAM DEPARTMENT OF PHYSICAL EDUCATION & SPORTS SPORTS REGISTRARITON FORM -2024-2025

Recent Passport size photo

NAME OF THE EVENT (Sports & Games): _____

S.no	PARTICULARS	
1.	Full Name (in Block letters)	
2.	Father's Name	
3.	Mother's Name	
4.	Name of the College	
5.	Admission No	
6.	Date of Birth - Born on or after (01/07/2000)	
	(enclose Xerox copy of the S.S.C or its equivalent pass certificate)	
7.	Date & Year of passing qualifying	
	examination (enclose Xerox copy of the	
	Intermediate or its equivalent pass certificate)	
8.	Studying in BA/B.Com/B.Sc/ & P.G/	
	Engineering	
9.	Present Year (I,II,III,IV)	
10.	Duration of the Course	
11.	Date & Year of first admission to present	
	course	
12.	Number of years of previous participation	
	(Inter-University)	
13.	Number of years of Previous participation	
	(Inter-University) while pursing post Graduate	
	course / P.G course	
14.	AADHAR CARD (XEROX COPY)	
14.	Name of the Bank / Account Number	
15.	IFSC Code	
16.	Mobile number	