

**STATE LEVEL SPORTS CHAMPIONSHIP
KARMATH-2020
24-27 February, 2020**

REGISTRATION FORM

1. Name of Incharge: _____

2. Designation: _____

3. Institute: _____

4. Address: _____

5. Contact Numbers (with STD code)

Phone (O) _____ (R) _____

Mobile: _____ Fax. _____

E-mail ID: _____

6. Please Tick the events for participation:

Basketball Table Tennis

Volleyball Badminton

8. Accommodation required: Yes /No

10. Registration fees:

D.D. No. _____ Date: _____

Bank: _____

Signature:

Date:

Sponsoring Authority