DR.B.R. AMBEDKAR UNIVESITY, SRIKAKULAM

DEPARTMENT OF PHYSICAL EDUCATION & SPORTS

SPORTS REGISTRATION FORM -2026-2027

Recent Passport size photo

NAME OF THE EVENT (Sports & Games): _____

S.no	PARTICULARS	
1.	**Full Name (in Capital 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 (01-07-2001) (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.	**Name of the Bank / Account Number**	
15.	**IFSC Code**	
16.	Mobile number	

Note: .1. X class, Intermediate, Degree - Certificates Xerox to submit
2. Aadhar Card / Bank Account no with IFSC Code –Mandatory

Principal
(Signature with College seal)

Physical Director
(Signature)