



To, The Chairman "VISHWANATH SPORTS MEET 2025"

I have read all the rules and regulations mentioned in the brochure and will strictly follow them. As the college / University representative, I confirm that our team shall adhere to all the rules and will not include students with year down. I take responsibility for any player who is not carrying his/her I-card, original fee receipt and the bonafide certificate, authorizing participation. Lack of the above documents or any form of misconduct at any point will lead in disqualification. I will abide by the decision given by the referees and umpires and my team will cooperate in case of rescheduling.

Thanking you,

Name of Director Phy. Edu. / Principal				
Mob.:	Email:			
Sign:				
Name of College / Institute / University & Seal: _				

For "VISHWANATH SPORTS MEET 2025"

(Organizer)



Follow us on

(f) (D) (in) /mitadtvishwanathsportsmeet

For online registration:

registration.vsm@mituniversity.edu.in



www.vsm.mituniversity.ac.in





MIT-ADT UNIVERSITY

VISHWANATH SPORTS MEET

Jan. 24th to Jan. 29th 2025 (Cricket Starting From 13th Jan)

#कर हर मैदान <u>फ़तेह</u>!

REGISTRATION FORM

	College / Institute/ University	•			
	egistration:				
C N			AL COL	2	
Sr. No.	Events			No. of Players Registered	
01	Collect		MEN	WOMEN	
01	Cricket				
02	Football				
03	Badminton				
04	Basketball				
05	Volleyball				
06	Kabaddi				
07	Tennis				
08	Table Tennis				
09	Kho Kho				
10	Water Polo				
11	Chess				
12	Swimming				
13	Rowing (Indoor)				
14	Boxing				
15	Archery				
Total					
		Sig	gn. of Director Phy	,. Edu. / Principal	
College /	Institute / University Seal				
To be fille	ed by Organizer:				
	egistration:				
	es Received:	Re	eceipt No.:		
Signature					



मैदान फ़तेह! MIT-ADT UNIVERSITY **VISHWANATH SPORTS MEET**

Jan. 24th to Jan. 29th 2025 (Cricket Starting From 13th Jan)

REGISTRATION FORM

Section (Men/Women)

event :	Section (Men/Women)		Date :
Name of College / Institute /	University (in Capital Letters)		
Name of Team Manager : $_$		Mob. No.:	:
Sr. No.	Name of Players		Remarks
Jama of Cantain :		Mah Na :	
ame of Captain :		IVIOD. NO. : _	

Sign. of Director Phy. Edu. / Principal

College / Institute / University Seal Note:

- Please make the copies of this form for each event as per the number of your teams/individuals:
- Current year Fee Receipts, I-Cards and Bonafide Certificate must be produced at the time of registration as well as before the match.
- First Aid Kit and an Ambulance will be provided by us. MIT-ADT University will not be responsible for any injuries of mishaps during the event.