

6th State Level Inter Collegiate

VISHWANATH SPORTS MEET 2024



MIT-ADT
UNIVERSITY
PUNE, INDIA
A leap towards World Class Education

**#कर हर
मैदान फतेह!**

To,
The Event Co-ordinator
"VISHWANATH SPORTS MEET 2024"

I have read all the rules and regulations mentioned in the brochure and will strictly follow them. As the college 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 & Seal: _____

For "VISHWANATH SPORTS MEET 2024"

(Organizer)



Show your METTLE

Follow us on



/mitadvishwanathsportsmeet

For online registration :

registration.vsm@mituniversity.edu.in

www.vsm.mituniversity.ac.in



6th State Level Inter Collegiate

VISHWANATH SPORTS MEET 2024



MIT-ADT UNIVERSITY

VISHWANATH SPORTS MEET

Jan. 29th to Feb. 02nd 2024
(Cricket Starting From 19th Jan)

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REGISTRATION FORM

Name of College / Institute: _____

Address: _____

Email Id: _____ Mob. No.: _____

Date of Registration: _____

Sr. No.	Events	No. of Players Registered	
		MEN	WOMEN
01	Cricket		NA
02	Football		
03	Badminton		
04	Basketball		
05	Volleyball		
06	Kabaddi		
07	Tennis		
08	Table Tennis		
09	Kho Kho		
10	Water Polo		NA
11	Chess		
12	Swimming		
13	Indoor Rowing		
14	Boxing		
15	Archery		
Total			

Sign. of Director Phy. Edu. / Principal

College / Institute Seal

To be filled by Organizer:

Date of Registration: _____ Mob. No.: _____

Entry Fees Received: _____ Receipt No.: _____

Signature



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REGISTRATION FORM

Event: _____ Section (Men/Women) _____ Date: _____

Name of College / Institute (in Capital Letters) _____

Name of Team Manager: _____ Mob. No.: _____

Sr. No.	Name of Players	Remarks

Name of Captain: _____ Mob. No.: _____

Sign. of Director Phy. Edu. / Principal

College / Institute 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.

