



छात्र क्रियाकलाप केन्द्र  
मोतीलाल नेहरू राष्ट्रीय प्रौद्योगिकी संस्थान इलाहाबाद  
इलाहाबाद-211004 (भारत)

Students Activity Center  
Motilal Nehru National Institute of Technology Allahabad  
Allahabad-211004 (India)

Recent P.P  
size  
photographs

## REGISTRATION FORM FOR SPORTS ACTIVITIES

CHOICE OF GAMES FOR THE SESSION 2018-2019

### STUDENT'S DETAIL

- 1) NAME OF THE STUDENT :- \_\_\_\_\_
- 2) FATHER'S NAME :- \_\_\_\_\_
- 3) REGISTRATION NO. :- \_\_\_\_\_
- 4) COURSE :- \_\_\_\_\_ BRANCH :- \_\_\_\_\_
- 5) DATE OF BIRTH :- \_\_\_\_\_
- 6) ROOM NO. :- \_\_\_\_\_ HOSTEL:- \_\_\_\_\_
- 7) BLOOD GROUP :- \_\_\_\_\_
- 8) HIGHT(CM) :- \_\_\_\_\_ WEIGHT:- \_\_\_\_\_
- 9) CONTACT NO. :- \_\_\_\_\_ \_EMAIL ID:- \_\_\_\_\_
- 10) PERMANENT ADDRESS :- \_\_\_\_\_  
\_\_\_\_\_
- 11) LOCAL ADDRESS :- \_\_\_\_\_  
\_\_\_\_\_

12) PLEASE TICK [✓] THE GAMES WHICH YOU WANT TO OPT (MAX. 3)

- |  |  |
|--|--|
| Athletics (Boys/Girls)[ <input type="checkbox"/> ]     | Kabaddi (Boys/Girls) [ <input type="checkbox"/> ]        |
| Badminton (Boys/Girls)[ <input type="checkbox"/> ]     | Lawn-tennis (Boys/Girls)[ <input type="checkbox"/> ]     |
| Basketball (Boys/Girls)[ <input type="checkbox"/> ]    | Skating (Boys/Girls)[ <input type="checkbox"/> ]         |
| Carom (Boys/Girls)[ <input type="checkbox"/> ]         | Table-TENNIS (Boys/Girls)[ <input type="checkbox"/> ]    |
| Chess (Boys/Girls)[ <input type="checkbox"/> ]         | KARATE/TAEKWONDO(Boys/Girls)[ <input type="checkbox"/> ] |
| Cricket (Boys)[ <input type="checkbox"/> ]             | VOLLEYBALL (Boys/Girls)[ <input type="checkbox"/> ]      |
| Football (Boys)[ <input type="checkbox"/> ]            | Yoga (Boys/Girls) [ <input type="checkbox"/> ]           |
| Gym. Activity (Boys/Girls)[ <input type="checkbox"/> ] |  |
|  | Kho - kho (boys/girls) [ <input type="checkbox"/> ]      |
|  | HOCKEY (BOYS/GIRLS)                                      |
|  | [ <input type="checkbox"/> ]                             |

- 13) CHOICE OF GAME :- I) \_\_\_\_\_ II) \_\_\_\_\_  
(Maximum three) III) \_\_\_\_\_

14) YOUR PREVIOUS ACHIEVEMENTS :- (Please tick [✓] Your Achievement)

A) School State [  ] ; B) Regional Level [  ] ; C) State Level [  ] ; D) National Level [  ] ; E) S.G.F.I. [  ]

15) ACHIEVEMENT DETAIL/ ANY OTHER REMARK:- \_\_\_\_\_

16) MENTION ALLERGY/DISEASE (IF ANY) :- \_\_\_\_\_

DATE:- \_\_\_\_\_

Full Signature of the Student