

# THE UNIVERSITY OF KASHMIR



Certified that \_\_\_\_\_

Son/Daughter of Shri \_\_\_\_\_

Regd. No. \_\_\_\_\_

Is a bonafide student of the \_\_\_\_\_

Year Class (Roll No. \_\_\_\_\_) of \_\_\_\_\_ College/  
Department affiliated to the University.

His/Her Date of Birth is \_\_\_\_\_

\_\_\_\_\_

Sig. of the  
Student

Assistant Director

Coordinator  
Physical Education.



**DIRECTORATE OF PHYSICAL EDUCATION & SPORTS**

**UNIVERSITY OF KASHMIR**

**(NAAC ACCREDITED GRADE "A")**

**HAZRATBAL SRINAGAR, KASHMIR- 190006**

**Email:directorsportsku@uok.edu.in**

**ELIGIBILITY FORM**

Photograph

Program/Event \_\_\_\_\_

01. Name \_\_\_\_\_

02. S/o D/o \_\_\_\_\_

03. Mothers Name \_\_\_\_\_

04. Residence \_\_\_\_\_

05. Contact Number Home \_\_\_\_\_ Personal \_\_\_\_\_

06. College/P.G. Deptt. \_\_\_\_\_

07. Class \_\_\_\_\_ Roll No. \_\_\_\_\_ Registration No. \_\_\_\_\_

08. Course \_\_\_\_\_

09. Date of Birth \_\_\_\_\_

Date: \_\_\_\_\_

Signature of the student

Certified that \_\_\_\_\_ is a bonafide student of this College / Department and is allowed to participate in the program.

H.O.D./Principal  
with Stamp



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**DECLARATION**

I hereby allow my son /daughter namely \_\_\_\_\_ who is student of  
\_\_\_\_\_ under Roll no. \_\_\_\_\_ R/o \_\_\_\_\_ who is going  
to participate in \_\_\_\_\_ on my own responsibility.

**Signature of the Student**

**Signature of Parent/Guardian**