



**DIRECTORATE OF PHYSICAL EDUCATION & SPORTS**  
**UNIVERSITY OF KASHMIR**  
**NAAC ACCREDITED GRADE "A+"**  
**HAZRATBAL SRINAGAR, KASHMIR - 190006**



email: [directorsports@uok.edu.in](mailto:directorsports@uok.edu.in)

No.F(Athletic-Meet-DPE&S)KU/23

Dated:- 13-07-2023

All Heads/Directors/Coordinators,  
 University of Kashmir,  
 Kashmir.

**Sub: Annual Inter-Departmental Athletic Meet (Men/Women) 2023.**

Sir / Madam,

The Directorate of Physical Education & Sports is going to organise Annual Inter Department Athletic Meet (Men/Women) 2023 very shortly. All Heads/Directors/Coordinators of University of Kashmir are requested to nominate one male and one female bonafide students from their respective departments for participation in the below mentioned events (nomination form enclosed). The nomination form should reach the office of the Directorate of Physical Education & Sports by 03:30 pm of 17<sup>th</sup>, July 2023 positively. Moreover, Sports coordinators of the Departments must accompany the contingents.

S.No	Events
1.	100 Mtr (Sprint)
2.	200 Mtr(Sprint)
3.	400 Mtr(Sprint)
4.	100 X 4 Mtr Relay
5.	Long Jump
6.	Discuss (Throws)
7.	Shot-put (Throws)
8.	Javelin (Throws)

Hope you would extend your full support to make this event a grand success.

Thanks & regards,

*Sd/-*

**REGISTRAR**

Copy to the:-

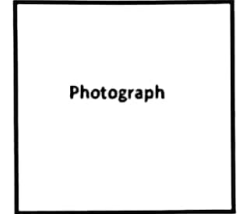
- All Heads/Directors/Coordinators with the request to circulate among all affiliated colleges of university;
- Special Secretary to the Hon'ble Vice-Chancellor for information of the Hon'ble Vice-chancellor;
- Director, IT &SS for placing the information on University Website;
- P.S. to Registrar for information of the Registrar;
- File.



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Email:directorsportsku@uok.edu.in



## NOMINATION FORM



Annual Inter Department Athletic Meet (Men/Women) 2023

01. Name \_\_\_\_\_
02. Parentage \_\_\_\_\_
03. Residence \_\_\_\_\_
04. Contact Number \_\_\_\_\_ Mail Address \_\_\_\_\_
05. Department \_\_\_\_\_
06. Class \_\_\_\_\_ Roll No. \_\_\_\_\_ Registration No. \_\_\_\_\_

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

Signature of the student

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

H.O.D.  
with Stamp