



DIRECTORATE OF PHYSICAL EDUCATION & SPORTS

UNIVERSITY OF KASHMIR

(NAAC ACCREDITED GRADE "A+")

HAZRATBAL SRINAGAR, KASHMIR- 190006

Email:directorsports@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