

UNIVERSITY OF MUMBAI INTER COLLEGIATE _____
TOURNAMENT 20 - 20



ENTRY FORM FOR TEAM EVENT ONLY

(To be submitted on or before the last date mentioned in the Sports Calendar.)

Name of the College & Code No.:

Tel. No.: _____

Fax No.: _____

E-mail: _____

The Director of Phy. Edun. & Sports,
University of Mumbai,
University Sports Pavilion,
Marine Lines, Mumbai-400 020.

Sir,

I am please to inform you that my college will be participating in the _____
Tournament/s to be held during the current academic year. Our College has paid Annual Sports
Contribution vide Cheque/DD.No. _____ dated _____ and Entry Fees vide
Cheque/DD.No. _____ dated _____ to the University. If Sports
Contribution/Entry Fee not paid the entry may be rejected.

MEN / WOMEN

Place: _____

PRINCIPAL

Date: _____

(College Seal)

Note: PLEASE } Name _____ & Phone No. _____ of any other
STATE } responsible person from your College to contact him/her in case of emergency/
HERE } urgency arises beyond normal working hours or on holidays.