



छत्रपति शाहू जी महाराज विश्वविद्यालय, कानपुर
CHHATRAPATI SHAHU JI MAHARAJ UNIVERSITY, KANPUR
DEPARTMENT OF PHYSICAL EDUCATION AND SPORTS

ANNEXURE-I

North-East Zone Inter University Judo (Women)

TEAM REGISTRATION FORM (Submit in Duplicate)

1. Name of the University:

2. Number of Participants:

	Female
Student participants	

	FEMALE	MALE	TOTAL
Team Managers/Coach			

Name of the Director/Secretary Sports and Address with phone number and email ID:

Name of the Contingent Incharge and Address with phone number and email ID:

TRAVEL PLANS

1) Arrival at Kanpur Date..... Time.....

Bus..... Train.....

2) Departure from Kanpur Date..... Time.....

Bus..... Train.....

(Signature of Director/Secretary Sports)
With Official Stamp

Note: To confirm transportation & accommodation, please fill and mail to "sportscouncil@csjmu.ac.in" one copy of this completed form to on or before November 10th, 2023.



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ANNEXURE-2

North-East Zone Inter University Judo (Men)

TEAM REGISTRATION FORM (Submit in Duplicate)

1. Name of the University:

2. Number of Participants:

	Male
Student participants	

	MALE	FEMALE	TOTAL
Team Managers/Coach			

Name of the Director/Secretary Sports and Address with phone number and email ID:

Name of the Contingent Incharge and Address with phone number and email ID:

TRAVEL PLANS

1) Arrival at Kanpur Date..... Time.....

Bus..... Train.....

2) Departure from Kanpur Date..... Time.....

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