



SPORTS COMMITTEE

APPLICATION

Date:

Study Year: BDS -

Name of the participant: _____

Name of the Event: _____

Place of the Event: _____

Event Date: From _____ To _____ Game Participated: _____

Prizes if Won: _____ Yes No

Participation Certificate attached: Yes No

Travelling Tickets/ Others attached: Yes No

I have represented as a participant from Tatyasaheb Dental College and Research Centre. I had participated in the above mentioned event and I am submitting all the required details to the sports committee. Hence I hereby request to the sports committee to grant me the allowances.

Thanking you

Yours sincerely

.....
For Official Use Only

Reg No: _____ Name: _____

Documents verified: YES NO Amt. allotted: Rs.....

Comments if any:

Sports Incharge

Member secretary

Principal

TKDC & RC

for sports committee

TKDC & RC