



**ISLAMIC UNIVERSITY OF SCIENCE & TECHNOLOGY,
AWANTIPORA, KASHMIR**

OFFICE OF

DIRECTORATE OF PHYSICAL EDUCATION & SPORTS

Web: www.islamicuniversity.edu.in email: sports@islamicuniversity.edu.in

01933-247955 Ext. 2122



Notice

All Deans/HODs/ In Charge Heads of Department

Directorate of Physical Education & Sports is going to organize 14-days Snow Skiing Course for both (Boys/Girls) from 1st week of March 2023 at Gulmarg. In this regard, all the interested students are hereby informed to register for the same in the office of the Directorate of Physical Education & Sports by or before 22nd of February 2023. No form will be entertained after due date.

Sd/

(Dr. Hilal Ahmad Rather)

Assistant Director

Physical Education & Sports



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REGISTRATION FORM FOR SNOW SKIING COURSE 2023

Applying for Course Basic ☐ Inter-Mediate ☐ Advanced ☐

Name of the Student _____

Father's Name _____

Department: _____ Roll No. _____ Sem. _____ Registration No. _____

Phone No. _____ Parent's Phone No. _____

Experience (if any) _____

Sports Achievements _____

DECLARATION OF STUDENT

1. I declare that I am willing to participate in the Snow Skiing course at my own risk and responsibility.
2. I shall abide by the rules and regulations of the activity. I will be responsible if any indiscipline caused by me during course and will accept any punishment given by Directorate office.
3. I shall be personally responsible for any loss or damage to the equipment etc. issued to me during activity.
4. I hereby certify that all the entries are correct to the best of my knowledge and belief. In case of any accident or injury, I shall not hold the University or any of its staff wholly or partially responsible.

Dated: _____

Sig. of the student

DECLARATION OF PARENT/GUARDIAN

I _____ Father/Guardian of _____

Who is studying in the Department of _____ Semester _____ of
Islamic University of Science & Technology, Awantipora do solemnly state and submit that my
Son/Daughter/Ward be allowed to participate in the above said activity on my own risk and responsibility.

Dated: _____

Sig. of the Parent/Guardian

Certified that _____ is a bonafide student of _____
Department and is allowed to participate in the above said activity.

Seal & Sig. Head of Department