

Chairman Sports CASS Union Committee
GOVERNMENT MEDICAL COLLEGE, SRINAGAR.
(Estates/Sports-Section)

Subject: Annual College Sports Meet-2023.
Reference: Decision taken in the Sports CASS Union meeting held on 25-08-2023.


NOTIFICATION

It is notified for the information of all the Faculty/PG/UG Students of Govt. Medical College, Srinagar that Sports CASS Union Committee is organizing Annual College Sports Meet-2023 in the following events, tentatively commencing from 2nd Week of September-2023, therefore, willing persons may enroll their names on the prescribed format, enclosed as Annexure (A & B):-

| S.No. | Name of Game |
|-------|---|
| 01. | Cricket |
| 02. | Football |
| 03. | Volleyball |
| 04. | Basketball |
| 05. | Badminton |
| 06. | Table Tennis |
| 07. | Chess |
| 08. | Carrom |
| 09. | <u>Athletics</u> <ul style="list-style-type: none">• 100 m• 200 m• 400 m• 100 m X 4 Relay• 100 m X 4 Mixed Relay• Javelin Throw• Short Put• Discuss throw |

The formats, thereof, shall reach to the Office of the Estates Officer, GMC, Srinagar upto 31st August-2023 till 03:00 PM.

NB: For further details may contact
the office of the Estates Officer,
Cell No. 7006172487.


Prof. (Dr.) Muzaffar Jan
Chairman, Sports CASS UNION
Committee.
Dated: 25-08-2023.

No: CASS/Sports-Cmte/MC/977-85

Copy to the:-

1. Principal/Dean, GMC, Srinagar for kind information.
2. All HODs, GMC, Srinagar.
3. All Medical Superintendents Associated Hospitals, Srinagar.
4. All Desk Officers, GMC, Srinagar.
5. Organizing Secretary, Sports CASS Union, GMC, Srinagar.
6. Estates Officer, GMC, Srinagar.
7. Incharge I.T. Section for uploading the same on College Official website.
8. Secretary Sports, CASS UNION, GMC, Srinagar.
9. Incharge Sports Section, GMC, Srinagar.



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Annexure (A)

Registration format

(Athletics/Badminton/Table Tennis/Chess/Carrom)

| | |
|-------------------------------------|-------|
| Name (in capital letters) : | _____ |
| Department/Batch: | _____ |
| Designation(in case of Faculty etc) | _____ |
| Roll No: | _____ |
| Event/Game: | _____ |
| Contact No. | _____ |
| Date of submission: | _____ |
| Signature: | _____ |

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Annexure (B)

Registration format

(Cricket/Football/Volleyball/Basketball)

Name of Captain (in capital letters) _____

Department/Batch _____

Game/Event _____

Contact No. of Captain _____

Date of submission of form _____

| S.No | Name of Players (in capital letters) |
|------|--------------------------------------|
| 17. | |
| 18. | |
| 19. | |
| 20. | |
| 21. | |
| 22. | |
| 23. | |
| 24. | |
| 25. | |
| 26. | |
| 27. | |
| 28. | |
| 29. | |
| 30. | |
| 31. | |
| 32. | |

Signature of Captain