

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

Subject: Annual College Sports Meet-2022.
Reference: Approval of Principal/Dean, GMC, Srinagar.

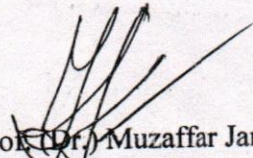
NOTIFICATION.

It is notified for the information of all the Faculty/PG/UG Students etc. of Govt. Medical College, Srinagar that the Sports CASS Union Committee, GMC, Srinagar is organizing Annual College Sports Meet-2022, in the following events, tentatively commencing from 2nd Week of October, 2022, 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, through Secretary Sports, CASS Union, GMC, Srinagar upto 5th October, 2022 till 03:00 PM.

NB: For further details may contact
Mr. Mohammad Adil, (2019),
Secretary Sports, CASS.
Cell No. 9541656419.


Prof. Dr. Muzaffar Jan

Chairman, Sports CASS UNION Committee.

Dated: 28/09-2022.

No: CASS/Sports-Cmte/MC/ 1218-26

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: _____

Secretary Sports CASS UNION

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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)
01.	
02.	
03.	
04.	
05.	
06.	
07.	
08.	
09.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	

Signature of Captain

Secretary Sports CASS Union.