



Kommareddy Venkata Sadasiva Rao Siddhartha College of Pharmaceutical Sciences

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REGISTRATION FORM **SCOPS ALIANZA – 2K19**

Name of the Institution/ Organization:

Name of the Coach / Captain :

Contact Number :

BADMINTON :

BOYS	Name of the Student / Player	GIRLS	Name of the Student / Player
1.		1.	
2.		2.	
3.		3.	
4.		4.	

TABLE TENNIS :

BOYS	Name of the Student / Player	GIRLS	Name of the Student / Player
1.		1.	
2.		2.	
3.		3.	
4.		4.	

CARROMS :

BOYS	Name of the Student / Player	GIRLS	Name of the Student / Player
1.		1.	
2.		2.	

TENNICOIT (Doubles) :

GIRLS	Name of the Student / Player	GIRLS	Name of the Student / Player
1.		2.	

VOLLEYBALL :

BOYS	Name of the Student / Player	BOYS	Name of the Student / Player
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.			

THROWBALL :

GIRLS	Name of the Student / Player	GIRLS	Name of the Student / Player
1.		7.	
2.		8.	
3.		9.	
4.		10.	
5.		11.	
6.		12.	

CRICKET :

BOYS	Name of the Student / Player	BOYS	Name of the Student / Player
1.		4.	
2.		5.	
3.		6.	

Faculty in charge / P.D. (Physical Director)

Name & Phone No:

Signature of the Principal