

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

Subject: Annual College Sports Meet-2024.

Reference: Decision taken in the Sports CASS Union meeting held on 28-08-2024.

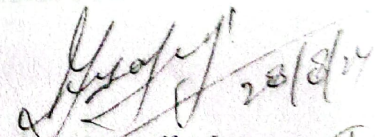
**NOTIFICATION**

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-2024 in the following events, tentatively commencing from 1<sup>st</sup> of September-2024, therefore, willing persons may enroll their names on the prescribed format, enclosed as Annexure (A & B):-

S.No.	Name of Game
10.	Cricket
11.	Football
12.	Volleyball
13.	Basketball
14.	Badminton
15.	Table Tennis
16.	Chess
17.	Carrom
18.	<b><u>Athletics</u></b> <ul style="list-style-type: none"><li>• 100 m</li><li>• 200 m</li><li>• 400 m</li><li>• 100 m X 4 Relay</li><li>• 100 m X 4 Mixed Relay</li><li>• Javelin Throw</li><li>• Short Put</li><li>• Discuss throw</li><li>• Fun Games(Spot Registration)</li></ul>

The Complete Registration forms, in the prescribed format, should reach to the Office of the Estates Officer, GMC, Srinagar upto 31<sup>st</sup> August-2024 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: 28-08-2024.

No: CASS/Sports-Cmte/MC/02024.

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

Signature of Captain