



The Aga Khan University
Sports and Rehabilitation Centre
AKU Sports Olympiad 2020
ENTRY PERFORMA

Institution Name: _____

Sport: _____ Kit Colour _____

Name (Captain): _____	<div style="border: 1px solid black; padding: 10px; text-align: center;">Passport Size Photograph</div>
Father's Name: _____	
Date of Birth _____	
University R.No: _____ Shirt No: _____	
CNIC No. _____	
Contact: _____ Email: _____	

Name (V. Capt.): _____	<div style="border: 1px solid black; padding: 10px; text-align: center;">Passport Size Photograph</div>
Father's Name: _____	
Date of Birth _____	
University R.No: _____ Shirt No: _____	
CNIC No. _____	
Contact: _____ Email: _____	

Name: _____	<div style="border: 1px solid black; padding: 10px; text-align: center;">Passport Size Photograph</div>
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CNIC No. _____	

Name Coach _____

Contact No. _____

Email ID. _____

Team Manager / Official Incharge

Name _____

Contact No. _____

Email ID. _____

I certify that the above players are bonafide and full time regular student of our Institution.

The date of birth mention for each student / player as per our records is correct.

Athourized Signature _____

Address _____

Name _____

Designation _____

Phone No. _____

Fax No. _____

Email ID. _____

Institution Seal