



भारतीय प्रौद्योगिकी संस्थान गुवाहाटी  
**Indian Institute of Technology Guwahati**  
Guwahati - 781 039

Form No.11

FORM FOR THE SPECIAL SWIMMING TEACHING SESSIONS

**Category** (Tick whichever applicable):      **Student / Employee / Project Staff**

Name (In Capital Letters) :.....

Father's Name :.....

Sex :..... Age: .....

Present Residential Address :.....

.....

Roll No / Emp. No :.....

Programme : B.Tech / B.Des / M.Sc. / M.Tech / M.Des / Ph.D

Project Code No (In case of Project Staff):.....

Phone No. :.....

E-Mail (If Any) :.....

Event(s) :.....

.....

Preferred Timing: Morning 6:00 a.m. to 8:00 a.m./ Evening 6.00 p.m to 8.00 p.m

(Signature of Candidate)

Date:.....