



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

Form No.10

FORM FOR THE SPECIAL ATHLETICS TEACHING SESSIONS

Name of the Candidate:-	Mr. /Ms
Father's Name:-	
Sex:-	Male/Female
Present Residential Address:-	
Permanent Residential Address:-	
Programme:-	B.Tech/B.Des/M.Tech/M.Des/M.Sc./Ph.D
Semester:-	
Department:-	
Roll No:-	
E-Mail (if any):-	
Event (s)	

Preferred Timing: Morning 5:30 a.m. to 8:00 a.m./ Evening 5.30p.m to 8.00 p. m

(Signature of Candidate)

Date:.....

[Duly filled in form to be submitted to the Gymkhana Office (SAC)]