



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

Form No.  
**Sports/03**

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) : .....

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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: .....