



Sports Scholarship Form

**Admission
2017-18
"Photo"**

Participant's Information:

Name: _____ Father's Name: _____ DOB: _____

UMT ID: _____ Program: _____ Cell # _____

Res # _____ Email: _____ Blood Group: _____

Permanent Address: _____

Current Address: _____

In which of the following games would you like to give trials?

- | | |
|--|--|
| <input type="checkbox"/> Athletics
<input type="checkbox"/> Badminton
<input type="checkbox"/> Bodybuilding
<input type="checkbox"/> Cricket
<input type="checkbox"/> Tennis
<input type="checkbox"/> Table Tennis
<input type="checkbox"/> Rowing | <input type="checkbox"/> Chess
<input type="checkbox"/> Football
<input type="checkbox"/> Basket Ball
<input type="checkbox"/> Volley Ball
<input type="checkbox"/> Rugby
<input type="checkbox"/> Martial Arts
<input type="checkbox"/> Other _____ |
|--|--|

Prior Achievements:

1. _____
2. _____

Upto which level have you played the game from the following:

- | | |
|--|---|
| <input type="checkbox"/> Club
<input type="checkbox"/> Regional | <input type="checkbox"/> National
<input type="checkbox"/> International |
|--|---|

For further details on Trial Date please visit <https://www.facebook.com/umtsportsociety/>

Applicant's Signature

OFFICE USE ONLY

Remarks of Sports Officer: _____

Sports Head: _____ Sports Director: _____