

K. J. Somaiya College of Engineering

Vidyanagar, Vidyavihar(E), Mumbai - 400 077, Maharashtra.
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Email : enquiry@engg.somaiya.edu



To,

The **Principal/ Sports In-Charge**,

.....
.....

Dear Sir/Madam,

K.J Somaiya College of Engineering, Vidyavihar will be organizing a National Level Inter-College Sports Meet “**SKREAM**” from **5th Jan- 8th Jan 2017** for the following games:

- | | | | | |
|---------------------|-------------------------|-----------------------|----------------------|-----------------------------|
| 1. Cricket | 2. Football | 3. Basketball | 4. Volleyball | 5. Rink
football |
| 6. Badminton | 7. Table Tennis | 8. Lawn Tennis | 9. Chess | 10. Carrom |
| 11. Squash | 12. Box Cricket. | 13. Athletics | | |

It is a matter of great pleasure for us as we invite your esteemed college to participate in **Skream 2017** and be a part of the grand sporting extravaganza.

Such National Level Sporting Festivals are a great platform for young sportspersons to showcase their talent and compete with the best in their respective fields.

Dates: 5th January to 8th January 2017.
Venue: K.J Somaiya College of Engineering, Vidyavihar

Thanking You,

Yours Faithfully,

Dr. Shubha Pandit

Principal

K.J. Somaiya College of Engineering, Vidyavihar, Mumbai



To,

The Event Coordinator

“SKREAM 2017”

I have read all the rules and regulations mentioned in the brochure and will strictly follow them. As the college representative, I confirm that our team has adhered to all the rules and included students only (with no year downs). I take responsibility for any player who is not carrying his/her I-card and the bonafide certificate, authorizing participation. Lack of the above documents or any form of misconduct at any point will lead in disqualification. I will abide by the decision given by the referees and umpires and my team will cooperate in case of rescheduling.

Thanking you,

Name of Sports In-charge(Sports Director)/ Secretary:

.....

Mob:

Email:

Sign:

College name and seal:

.....
.....

For SKREAM 2017

(Organizer)

REGISTRATION FORM:



NAME OF COLLEGE:

ADDRESS:

E-mail Id: _____

PHONE NO.: _____

DATE OF REGISTRATION: _____

SPORT	MEN	WOMEN	NO. OF PLAYERS REGISTERED
CRICKET		-----	
FOOTBALL			
BASKETBALL			
VOLLEYBALL			
RINK FOOTBALL		-----	
BADMINTON			
TABLE TENNIS			
LAWN TENNIS			
CHESS			
CARROM			
SQUASH			
Athletics			
		TOTAL	

COLLEGE SEAL
SIGNATURE

PRINCIPAL

Note:

1. Please make copies of this list for each event as per the number of teams/individuals you are sending.
2. Current year **Fee Receipts, I-Cards** and **Bonafide Certificates** must be produced at the time of **registration as well as before each match.**
3. First Aid Kit and medical assistance in case of emergency will be provided by us. **Our College and Event will not be responsible for any injuries or mishaps during the event.**

TEAM LIST



Name of the College:

.....

(IN BLOCK LETTERS)

Event:

.....

Men/ Women

Name of the Captain: **Mob. No:**

.....

Sr. No.	Name of the Player (In capital letters)	Email Address	Sign
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			

College Seal:

.....

Team Manager's Name & Sign:

Mob. No.

.....

.....

.....

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 2. Current year **Fee Receipts, I-Cards and Bonafide Certificates** must be produced at the time of

registration

As well as before each match

3. First Aid Kit and medical assistance in case of emergency will be provided. **The College will not be responsible for any injuries or mishaps during the event.**

