

**Inter-Faculty Championship - 2024**  
**Department of Physical Education**  
**University of Colombo**

Sport : **Kabaddi** ☐ Men ☐ Women

Faculty/ Institute : -.....

Date : -.....

**ENTRY FORM**

|     | Name with Initials | Registration Number | Signature |
|-----|--------------------|---------------------|-----------|
| 01. |                    |                     |           |
| 02. |                    |                     |           |
| 03. |                    |                     |           |
| 04. |                    |                     |           |
| 05. |                    |                     |           |
| 06. |                    |                     |           |
| 07. |                    |                     |           |
| 08. |                    |                     |           |
| 09. |                    |                     |           |
| 10. |                    |                     |           |
| 11. |                    |                     |           |
| 12. |                    |                     |           |

Name of the team captain: -.....

.....  
Signature

Contact No. : -.....

I hereby certify the above mentioned students are internal students of the above mentioned Faculty/  
Institute.

.....  
Instructor /PE (Faculty Representative)

.....  
Signature of Dean / Director / AR

Stamp

Contact: - Mr. Ajantha Dahanayake (Instructor in Physical Education) 071 2 950 210