Inter-Faculty Championship - 2025

Department of Physical Education University of Colombo

Sport : Beach V o	olleyball	Men	Women	
Faculty/ Institute :				
Date :				
	<u>ENT</u>	RY FORM		
Team A	Team B			
	Name with Initials		Registration Number	Signature
01.				
02.				
Team A	Team B			
	Name with Initials		Registration Number	Signature
01.				
02.				
Name of the team cap	otain:			gnature
Contact No	:			
I hereby certify the a Faculty/ Institute.	above mentioned students	are 1st year interr	nal students of the above	mentioned
Instructor /PE (Facult	 ty Representative)	Signature of Dea	n / Director / AR	Stamp