



National Transplant Games 2016

Registration Form

Please. Tick the relevant

Recipient Registration

I am a Transplant recipient and interested in taking part in National Transplant Games 2016.

Name

Age..... Sex..... E-mail id

Residential address

..... Tel. No. (Resi)..... Mobile no

Contact Person in Mumbai

My Transplant Physician's Name:

I received (Kidney / Liver / Heart / Lung /) In the year

I have read the terms & conditions (back page) and hereby promise to abide by the rules.

T Shirt : Size M L XL XXL XXXL Please tick one

Date

Signature

Organ Donor Registration

I am an organ donor and interested in taking part in National Transplant Games 2016.

Name

Age..... Sex..... E-mail id

Residential Address

..... Tel. No. (Resi)..... Mobile no

Contact Person in Mumbai

My Doctor's name

I donated (Kidney / Liver / Other) In the year

I have read the terms & conditions (back page) and hereby promise to abide by the rules.

T Shirt : Size M L XL XXL XXXL Please tick one

Date.....

Signature

Transplant Physician's Consent for Games*

I hereby give my consent to Mr./Mrs
 and/or Mr./Mrs..... to participate in the above ticked games.

Doctor's name (Sign & Stamp)

***Participants unable to send Physician's Consent along with registration form may bring the same during the games on the Physician's letterhead. Alternatively, they will be evaluated by physicians at the venue.**



I am interested in participating in the following games

TRACK AND FIELD GAMES	Donor	Recipient
Walking race (50 mtr.)	<input type="checkbox"/>	<input type="checkbox"/>
Running race (50 mtr.)	<input type="checkbox"/>	<input type="checkbox"/>
Running race (100 mtr.)	<input type="checkbox"/>	<input type="checkbox"/>
Running race (200 mtr.)	<input type="checkbox"/>	<input type="checkbox"/>

STALL GAMES	Donor	Recipient
Balloon Darts	<input type="checkbox"/>	<input type="checkbox"/>
Ring games	<input type="checkbox"/>	<input type="checkbox"/>
Basketball Throw	<input type="checkbox"/>	<input type="checkbox"/>

INDOOR GAMES	Donor	Recipient
Table Tennis	<input type="checkbox"/>	<input type="checkbox"/>
Carrom	<input type="checkbox"/>	<input type="checkbox"/>
Rifle Shooting	<input type="checkbox"/>	<input type="checkbox"/>
Archery	<input type="checkbox"/>	<input type="checkbox"/>

Terms & Conditions for National Transplant Games 2016 :

- Participation is open only to Organ transplant Recipient and Organ Donors.**
- Fill in the appropriate section in the Registration form (Recipient and/or Donor Registration).
- Registration form with Physician's Consent (duly filled & signed) should reach us before 30/11/2016. Scanned copy can be emailed on narmadakidney@yahoo.co.in
- Our panel of doctors will scrutinize the form and intimate you about your confirmation.
- All participants are strictly required to come with sports shoes.
- For **outstation participants**, NKF will reimburse the Lodging & train travel expense provided following conditions are fulfilled.
 - Participant must arrange for train travel ticket and lodging themselves & later submit for reimbursement**
 - The train travel ticket (from the boarding station to Mumbai and back. (Max. Up to 3-tire AC Fare) should be emailed (narmadakidney@yahoo.co.in) latest by 30/11/2016 (original ticket should be submitted to foundation office after the event at foundation office for the purpose of reimbursement)
 - Lodging expenses up to 2500/-per day (maximum 2 days & 1 night including meals) will be permitted for reimbursement

PS : Registration form can also be downloaded from website. www.narmadakidney.org



Narmada Kidney Foundation
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 Mumbai 400 093 • Phone : 022-28254147

