





I am interested in participating in the following games

OUT DOOR GAMES	Donor	Recipient
Walking race (50 mtr.)		
Running race (50 mtr.)		
Running race (100 mtr.)		
Relay 2 x 25 mtr.		
Shot Put		
Throw Ball		
Box Cricket		

INDOOR GAMES	Donor	Recipient
Table Tennis		
Carrom		
Pickleball		

STALL GAMES	Donor	Recipient	
Balloon Darts	L		
Ring Games	L		
Basketball Throw			

Terms & Conditions for 12th National Transplant Games :

- 1) Participation is open only to Organ transplant Recipient and Organ Donors.
- 2) Fill in the appropriate section in the Registration form (Recipient and/or Donor Registration).
- 3) Registration form with Physician's Consent (duly filled & signed) should reach us before 15/11/2019. Scanned copy can be emailed on narmadakidney@yahoo.co.in
- 4) Our panel of doctors will scrutinize the form and intimate you about your confirmation.
- 5) 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 30/10/2019 (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
 - For RTGS we require your bank cancelled cheque for reimbursement

I agree

Signature:

Supported by :

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



Indian Society of Organ Transplantation in association with Narmada Kidney Foundation



Medical Partner











12th National Transplant Games

Registration Form

Please. Tick the relevant

Recipient Registration

I am a Transplant recipient and interested in taking part in 12th National Transplant Games.

Name				
Age	Sex	E-mail id		
Residential address				
	Tel	I. No. (Resi)	Mobile no	
Contact Person in Mu	ımbai		Tel. No	
My Transplant Physic	cian's Name:			
I received (Kidney / L	_iver / 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 XXL Please tick one				

Date _____

Signature _____

Organ Donor Registration

I am an orga	an donor and intereste	d in taking part in 12 th National	Transplant Games.	
Name				
Age	Sex	E-mailid		
Residential A	Address			
		Tel. No. (Resi)		
Contact Pers	son in Mumbai		Tel. No	
My Doctor's	name			
I donated (K	(idney / Liver / Other) In the year	
I have read t	the terms & conditions	(back page) and hereby promis	se 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.