UNIVERSITY OF MUMBAI

Tel. 2281 7698 2282 6027



(Sports Department)

University Sports Pavilion, Marine Lines, Mumbai–20.

Dt. 16/12/2021

The Principals / Head,

No. Sp./ 23 of 2021-22

R. A. D. A. V. College,D. G. Tatkare College, Tala,Gogate-Jogalekar College,F. G. Naik College,G. N. Khalsa College.

Ramniranjan Jhunjhunwala College, Indira Gandhi College of Arts & Com., Rizvi College of Arts, Sci. & Com., M. D. College,

Sir/Madam,

I am pleased to inform you that some student(s) from your college as shown below are provisionally selected to represent the University at West Zone Inter-University Kabaddi (Men) Tournament 2021-22 to be held at Sant Gadge Baba Amravati University, Amravati from 22nd to 26th December, 2021.

Further, I am to inform you that their participation in the said tournament and Coaching Camp is compulsory; failing which disciplinary action will be taken against them.

They are requested to get their availability form from the Heads of their institution and submit the same to the undersigned along with two photographs, Xth Passing Cert.(DOB), XIIth Marksheet, Current year Fee Receipts & Last year Marksheet, Passing Cert., Graduation if any, Covid-19 fully vaccinated certificate, Xerox copy of Aadhard Card and NEFT Mandatory Form (copy enclosed) at University Sports Pavilion, Marine Lines, Mumbai on 17th December, 2021 at 3.00 p.m.

Copy forwarded to; Kabaddi (M) Team

- 1) Abhishek Nar R.A.D.A.V
- 2) Aarkam Shaikh R. J. C.
- 3) Sunil Mallah D. G. Tatkare, Tala
- 4) Omkar More Indira Gandhi
- 5) Shubham Harachkar Gogate-Jogalekar
- 6) Harsh Lad Rizvi A.S.C.

Stand By-.

- 1) Vishwas Singh R. J. C.
- 2) Siddhnath Borkar Rizvi A.S.C.
- 3) Pratik Jadhav G. N. Khalsa

Director.

Sports & Physical Education

- 7) Vighnesh Pawar Indira Gandhi
- 8) Shaktisingh Yadav F. G. Naik
- 9) Nilesh Shinde Rizvi A.S.C.
- 10) Pranay Rane M.D.
- 11) Shubham Didwagh Indira Gandhi
- 12) Prathamesh Palande Indira Gandhi

4) Siddhesh Panchal - R. J. C.

5) Siddhesh Pingle - Rizvi A.S.C.

The Director of Phy. Edun. & Sports, University Sports Pavilion, Marine Lines, Mumbai – 400 020. `

To,



With reference to your circular No.Sp/____dated _____ I write to inform you that I will be available to represent the University of Mumbai in the Inter-University ______ Tournament to be held this year at ______. I hereby solemnly declare that I am not employed on full time basis.

Yours faithfully,

(Signature)

Full Name :						
(IN CAPITAL) (Sur	mame)	(N	ame)	(Father's Name)	(Mother's Name)
Residential						
Address:						
-					Pin No	
Mob./ Phone	No.F	Resi :			_ OR Guardian's Office	:
Submi	tted t	hrough	the	Principal		
College, Shri/	Kum.				is a bor	afide Student and not
1 1 (. 11	1 .				

employed on full time basis.

His/Her particulars of eligibility are as under:

Date of Birth	Month & Year of Passing HSSC (XII Std)	Present Class	Duratio n of Present Course	Date & Year of First Admission		Mention Year/s of previous participation in Inter University		Name of Year of Degree Obtained (for Post Graduate Only)	
				to the University	to the present Class	to the present Course	Graduati on	Post Graduation	

Principal

Place : _____

Date : _____

(College Seal)

UNIVERSITY OF MUMBAI (Sports Department)

Undertaking Form.

I permit my Son/Daughter/Ward
to participate in the Inter-niversity
Tournament to be held at from
at our own risk. I have also no objection in sending my Son/Daughter/Ward with the University
team even if the rail journey reservation is not available. He/She is medically fit to participate in
such a strenuous combative sports. I will not hold the University or its staff wholly or partially
responsible for any accident or injury or mishap that may occur during the above mentioned
tournament & shall not claim for any damage injuries accidents etc. occurred while participating
in the competition.

Place:

Date:

(Signature of Parent/Guardian)

UNIVERSITY OF MUMBAI (SPORTS DEPARTMENT)

MANDATE FORM

A. DETAIL OF ACCOUNT HOLDER:-

NAME OF ACCOUNT	
HOLDER	
COMPLETE CONTACT	
ADDRESS	
TELEPHONE NUMBER/	
E-MAIL ID.	

BENEFICIARY BANK DETAILS BANK ACCOUNT INFORMATION FOR RECEIVING PAYMENT THROUGH RTGS/NEFT

SR. NO.	DESCRIPTION	PARTICULAR
1	NAME OF ACCOUNT HOLDER	
2	NAME OF BANK	
3	ACCOUNT NO.	
4	ACCOUNT TYPE SB / CA/ CC	
5	BANK ADDRESS	
6	IFS CODE	

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information. I would not hold the user Institution responsible. I have read the option invitation letter and agree to discharge responsibility expected of me as a participant under the scheme.

(

Date:

Signature of Player

Note:- Please enclosed Xerox copy of Pass Book & Cheque.

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