

UNIVERSITY OF MUMBAI



Tel. 2281 7698
2282 6027

University Sports Pavilion,
Marine Lines, Mumbai-20.

(Sports Department)

No. Sp./ 26 of 2021-22

Dt. 16/12/2021

The Principals / Head,

International Institute of Sports Management
R. A. D. A. V. College,
R. D. National 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 **All India Inter-University Weight Lifting (Women) Competition 2021-22** to be held Acharya Nagarjuna University, Guntur from 27th to 30th 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.

Teams will leave for Guntur on 25th December, 2021 and will be back on 01st January, 2022.

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 Aadhar Card and NEFT Mandatory Form (copy enclosed) at **University Sports Pavilion, Marine Lines, Mumbai on 17th December, 2021 at 3.00 p.m.**

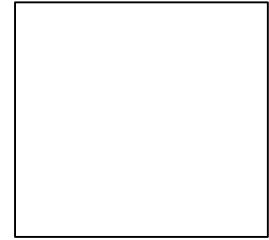
Director,
Sports & Physical Education

Copy forwarded to;

- 1) Shivani More - I.I.S.M.
- 2) Ketki Patil - R.A.D.A.V.
- 3) Kavya Karkera - R. D. National

To,

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



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) (Surname) (Name) (Father's Name) (Mother's Name)

Residential _____

Address: _____

_____ Pin No. _____

Mob./ Phone No . Resi : _____ OR Guardian's Office : _____

Submitted through the Principal _____

College, Shri/Kum. _____ is a bonafide Student and not 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	Duration 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	Graduation	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

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