### UNIVERSITY OF MUMBAI

Tel: 2281 7698 2282 6027



University Sports Pavilion, Marine Lines, Mumbai-20.

No. Sp./ 37 of 2021-22

Date: 24/12/2021

The Principal / Head,

K. M. C. College Khopoli, J.S.M. College, Shivle, S. S. T. College, Rizvi College of A.S.C.

C.K.T. College of A.C.S., B. K. Birla College, S. H. Mutha College,

Royal College Dombivli, G. P. Patil College, Kongaon, J.S.S.P.'s College, Goveli,

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 Wrestling (Men & Women) Championship 2021-22 to be held at Chaudhary Bansi Lal University, Bhiwani (Haryana). The competition schedules are as follows;

For Women - 15<sup>th</sup> to 17<sup>th</sup> January, 2022.
 For Men - 22<sup>nd</sup> to 25<sup>th</sup> January, 2022 (Tentatively).

University Women team leave for Bhiwani on 12th January, 2022 from Mumbai and back on 20th January, 2022. And Men team leave for Bhiwani on 19th January, 2022 from Mumbai and back on 28<sup>th</sup> January, 2022.

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, X<sup>th</sup> Passing Cert. (DOB). XII<sup>th</sup> 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 29<sup>th</sup> December, 2021 at 3.00 pm.

You are therefore, requested to advise them to report to the undersigned accordingly.

Copy forwarded to;

### Women Team

- 1) Payal Maragaje K.M.C., Khopoli
- 2) Komal Desai JSM Colleg, Shivle
- 3) Prajakta Pansare S.S.T. College
- 4) Pranjali Kumbhar K.M.C., Khopoli
- 5) Amegha Gharat C.K.T.A.C.S.
- 6) Vaishnavi Patil B.K.Birla
- 7) Manali Jadhav S.S.T. College
- 8) Gauri Jadhav S.S.T. College
- 9) Bhagyashri Gadkar -JSM College, Shivle
- 10) Heena Tripathi Royal, Dombivli

# Director, Sports & Physical Education

### Men Team

- 1) Sachin Patil C.K.T. A.C.S.
- 2) Sandesh Bhagat S.H.Mutha College
- 3) Saurabh Patil C.K.T. A.C.S.
- 4) Manish Bhoir G.P.Patil, Kongaon
- 5) Akshay Chavan C.K.T. A.C.S.
- 6) Omkar Bhoir B.K.Birla
- 7) Aniket Jadhav Rizvi A.S.C.
- 8) Rushikesh Joshi C.K.T. A.C.S.
- 9) Kunal Patil JSSP's Coll., Goveli
- 10) Omkar Pawar K.M.C., Khopoli



To,									
Univers	ector of I ity Sports Lines, Mu	Pavilion	1,						
	With refe	rence to	your circ	cular No.Sp/_	dated	1	I	write to in	form you
that I	will be	available	to rep	resent the I	University	of Mum	ıbai in t	he Inter-U	niversity
				to be held th			·	I hereby	solemnly
declare	that I am	not empl	oyed on	full time bas	sis.	Yours f	aithfully,		
						(Signa	ature)		
	me : PITAL) (		e) (1	Name)	(Fath	er's Name	e) (N	Mother's Na	me)
Residen	tial								
Address	s:								
				I					
				Principal					
						18	a bonafic	de Student	and not
	ed on full His/Her p			bility are as u	ınder:				
Date of Birth	Month & Year of Passing HSSC (XII Std)	Present Class	Duratio n of Present		te & Year of st Admission  Mention Year/s of previous participation in Inter University		articipation	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	
	l	ı	1	l	1	ı	Pr	rincipal	1
Place:									
Date:			_						

(College Seal)

# UNIVERSITY OF MUMBAI (Sports Department)

### Undertaking Form.

I permit my Son/Daug	hter/Ward
to participate in the Inter-nive	ersity
Tournament to be held at	from
at our own risk. I have also n	no objection in sending my Son/Daughter/Ward with the University
team even if the rail journey r	reservation is not available. He/She is medically fit to participate in
such a strenuous combative s	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**

Α.	DETAIL OF ACCOU	T HOLDER:-	
NAME OF ACCOUNT HOLDER			
COMPI ADDRI	LETE CONTACT ESS		
TELEP E-MAII	HONE NUMBER/ L ID.		
BANI	K ACCOUNT INFOR	BENEFICIARY BANK DETAILS ATION 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		
transac I woul	ction is delayed or no d not hold the user	the particulars given above are correct and coneffected at all for reasons of incomplete or incorrect stitution responsible. I have read the option invitative expected of me as a participant under the scheme.	t information.
Date:		Signature of Playe	r )

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