

UNIVERSITY OF MUMBAI

Tel: 2281 7698
2282 6027



University Sports Pavilion,
Marine Lines, Mumbai-20.

No. Sp./ 24 of 2023-24

Date: 23/10/2023

The Principal / Head,

U.P.G.D.,
Sathaye College,
Model College,

B. K. Birla College,
C. Sharma College,

Konkan Zone,
V. G. Vaze 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 Badminton (Women) Tournament 2023-24** to be held at **Shri Vaishnav Vidyapeeth Vishwavidyalaya, Indore from 21st to 25th November, 2023.**

University Women team leave for Indore on 18th November, 2023 from Mumbai and back on 26th November, 2023.

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, Xerox copy of Aadhar Card and NEFT Mandatory Form (copy enclosed) alongwith **cancelled Cheque compulsory** at **University Sports Pavilion, Marine Lines, Mumbai on 1st November, 2023 at 3.00 p.m.**

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

Sd/- (Dt. 23/10/2023)

**Director,
Sports & Physical Education**

Copy forwarded to;

- 1) Manya Avlani - U.P.G.D.
- 2) Sanvi Mukadam - Sathaye
- 3) Shruti Bhoir - B. K. Birla

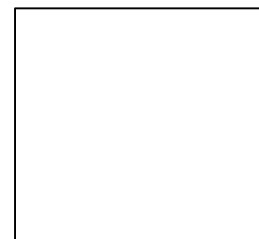
- 4) Alisha Khan - C. Sharma
- 5) Kashika Mahajan - Sathaye

Reserve Players:-

- 1) Shruti Phanse - Konkan Zone
- 2) Ishita Korgaonkar - V. G. Vaze
- 3) Aikadya Gurav - Model

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)

ELECTRONIC CLEARING SERVICES (CREDIT CLEARING)/
REAL TIME GROSS SETTLEMENT (RTGS) FACILITY FOR RECEIVING PAYMENTS

A. DETAIL OF ACCOUNT HOLDER :-

NAME OF ACCOUNT HOLDER

[illegible]

COMPLETE CONTACT ADDRESS

COMPLETE CONTACT ADDRESS

TELEPHONE NUMBER

[illegible]

B. BENEFICIARY'S BANK DEATAIL (Please Enclose Photocopy of Cancelled cheque)

BANK ACCOUNT INFORMATION FOR RECEIVING PAYMENT THROUGH RTGS/NEFT

1. BENEFICIARY NAME

1. BENEFICIARY NAME	

2. NAME OF BANK & BRANCH ADDRESS

[illegible]

3. ACCOUNT NO.

[illegible]

4. PAN CARD No.

[illegible]

6. IFSC CODE

[illegible]

7. A/c TYPE (SB/CA/CC) 8. MICR CODE

11

--	--	--	--	--	--	--	--	--

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 _____

DATE

--	--	--	--	--	--	--	--

Signature of Beneficiary

Certified that the particular furnished above are correct as per our records.

(Bank's Stamp)

Signature of Manager of the Bank

1. In case your Bank Branch is presently not "RTGS enable" then upon its up gradation to "RTGS Enable" branch, please submit the information again in the above proforma to the Department at earliest.