UNIVERSITY OF MUMBAI

Tel: 2281 7698 2282 6027



University Sports Pavilion, Marine Lines, Mumbai-20.

No. Sp./32 of 2023-24

Date:17/11/2023

The Principal / Head,

Siddharth College, A.J.M. College, Karjat Thakur College S. & C., Indira Gandhi College, C.K.T. College of A.C.S. Swayam Siddhi College.

G. P. Patil College, Rajiv Gandhi College, S.H. Mutha College, S.S.T. College, B. K. Birla College, Sushma Patil College, Kamothe Rajiv Gandhi Night College, Abhinav College, R. J. College, L.S.P.M., Chondi,

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 South West Zone Inter-University Wrestling (Men & Women) Competition 2023-24 being organized by Chandigarh University, Mohali from 28th November to 1st December, 2023.

The University **Men & Women team** leave for Mohali on 25th November, 2023 and back on 3rd December, 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 comulsory at University Sports Pavilion, Marine Lines, Mumbai on 20th November, 2023 at 2.00 pm.

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

Sd/-(Dt.17/11/2023)
Director,
Sports & Physical Education

Copy forwarded to;

Men Team

- 1) Ninad Badre Siddharth
- 2) Roshan Dhule A.J.M. Karjat
- 3) Suryoday Debaje Thakur
- 4) Manan Patil G. P. Patil
- 5) Manish Bhoir G. P. Patil
- 6) Aakash Mane Rajiv Gandhi
- 7) Pratik Bhandari S. H. Mutha
- 8) Shubham Varkhade S. Patil, Kamothe
- 9) Rakshe Chetan Rajiv Gandhi Ngt.
- 10) Pratik Deshmukh Rajiv Gandh

Women Team

- 1) Manisha Shelar Abhinav
- 2) Amruta Yadav Indira Gandhi
- 3) Aishwarya Sanas S.S.T.
- 4) Simran Kori R. J.
- 5) Amegha Gharat C.K.T.
- 6) Vaishnavi Patil B. K. Birla
- 7) Vijaya Patil Gajanan Patil
- 8) Suraksha Thale L.S.P.M. Chondi
- 9) Anushka Temghare Swamyam Siddhi
- 10) Aishwarya Gore C.K.T.

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,		
	(Signature)								
	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	First Admission pre		previous p	Mention Year/s of previous participation in Inter University		
				to the University	to the present Class	to the present Course	Graduati on	Post Graduation	
	l	ı	l	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 MANDATE FORM

ELECTRONIC CLEARING SERVICES (CREDIT CLEARING)/
REAL TIME GROSS SETTLEMENT (RTGS) FACILITY FOR RECEIVING PAYMENTS
(Note: Form fill in CAPITAL LETTER with Black ink only & without any special character e.g. ~/, '() * * *; atc)

A. DETAIL OF ACCOUNT HOLDER :-									
NAME OF ACCOUNT HOLDER									
\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-									
COMPLETE CONTACT ADDRESS									
TELEPHONE NUMBER									
B. BENEFICIARY'S BANK DEATAIL (Please Encoise Photocopy of Cancelled cheque) BANK ACCOUNT INFORMATION FOR RECEIVING PAYMENT THROUGH RTGS/NEFT									
1. BENEFICIARY NAME									
2 NAME OF BANK & BRANCH ADDRESS									
4. PAN CARD NO.									
3 ACCOUNT NO.									
7. A/c TYPE (SS/CA/CC) 8 MICR CODE									
6. IFSC 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 responsibile.									
I have read the option invitation letter and agree to discharge responsibility expected of me as a participant under the									
Scheme.									
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									
(Danie a Miner)									
and the property and "OTAS anather then upon the second second									
 In case your Bank Branch is presently not "RTGS enable" then upon its up gradation to "RTGS Eriable" branch, please submit the information again in the above proforms to the Department at earliest. 									
Dinici, Proper -									