



**MAHARASHI DAYANAND UNIVERSITY SPORTS TOURNAMENT**

This Proforma must be submit in duplicate

Year /Session 20.....-.....

Section: (Men) / (Women)

Name of Game.....

Name of the Institute/College .....

Name of Team Manager..... Mob. No..... E-mail ID: .....

Note: KINDLY FILL THE PROFORMA IN BLOCK LETTERS

Sr. No	Name (In capital Letter)	Father's Name Sh. (In capital Letter)	Mother's Name Smt. (In capital Letter)	Date of Birth	Age as on Date	UNIVERSITY REG. NO.	ADHAR CARD NO.	Present Class	Roll No.	Qualifying Exam (Year of Passing 10+2)			Detailed of Qualification obtained (after 10+2 and before, present Course)			Detail of Present Course and Class				Date & Year of First Admission to		Previous participation in inter-University Tournament		Sign. Of the Student	Contact No. of the student player	Remarks
										10+2	Board	Roll No.	Name of Exam	Uni.	Pass/Com pt.	Name of the Present Course	Present Class	Roll No.	Duration of Course	University	Present Course	U.G. Course	P.G. Course			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		20	21	22		23	
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1. Certified that the eligibility of the students listed Particulars given above attended 50% of are not employed anywhere.
2. Certified that the eligibility of the students listed herein has been verified and they are eligible according to the MDU Sports Council Rules for the University Tournaments.
3. Certified that the College/Institute is not in arrears in respect of Annual Subscription or any other dues payable to the MDUSC
4. Certified that the Risk Certificate along with Medical Fitness Certificate has /have been obtained from the above mentioned student players and will be kept in the College/Institute office record . The same will be submitted as and when demanded/required by the Sports Office of the University upto the completion of the current session.

Migration Case: Certified that player(s) listed at Sr. No. (s) above is/are migration case(s)/He/She/They has/have been admitted in the University as bonafide student(s) for thw whole current Session.

Signature of DPE/Associate Prof./Asstt. Prof.  
(Name \_\_\_\_\_)

Signature of Principal/Director

WITH OFFICE SEAL

ADDITION INFORMATION TO BE SUMITTE FOR CHANGE IN COURSE/FACULTY

Sr. No.	Name of Player	Father name	Previous Class	New Course	Previous Course/Faculty	Year of Joining Previous Course	Year of Joining new course	Minimum qualification for joining new course	remarks
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Certified that the above particulars are true as per record of the college.

Date:

Seal of College

Signature of Principal/Director/D.S.W.