

Formation of Club Committee for the year 2015-16

1	Name of the Asstt. / Assoc. Prof. (Phy.Edu.) / other subjects (in Block letters)	Dr./Mr./Mrs/Ms
2	Qualifications.	
3	College/Institute/Department.	
4	Proficiency and achievements of the teacher during his/her University career	(kindly attach invariably photocopies of the testimonials)
5	Games in which interested	
6	If Qualified Umpire? (Please mentioned the game).	
7	a) Whether remained Chairman/Secretary/ Member in past? (if so, year and game be mentioned) b) Whether attended any meeting of the Club Committee previously or not? c) Contact Number of the Asstt. / Assoc. Prof. (Phy. Edu.) / Other subjects/ Sports Incharge.	Mob. No. Landline No. E-mail:

Date:.....

Signature of the Asstt. / Assoc. Professor
(Phy.Edu.) / other subjects.

Counter Signature of the Principal/Director/HOD
(with Office Seal)

Contact No. _____