Dr. Babasaheb Ambedkar Marathwada University, Aurangabad.

ELIGIBILITY FORM FOR THE INTER –COLLEGIATE TOURNAMENTS

Name of the Participating College_____

Name of the Event _____ **Zone/Central**_____ **Name of the Organization College:** _____ **Date:** _____

Name of the Manager/Coach: _____ **Mob. No.:**_____ **Year:** _____

Sr No.	Name of the Player (Surname-Name-Father's Name)	PRN No	Date of Birth	Date & Year of passing qualifying examination for first admission to a College / University		Last year exams. passed	Present Class in which Studying	Duration of Course	Players Photo with attestation by the Principals
				Name of Exams.	Date & Year				
1									
2									
3									
4									
5									

Contd..(2)

Sr No.	Name of the Player (Surname-Name-Father's Name)	PRN No	Date of Birth	Date & Year of passing qualifying examination for first admission to a College / University		Last year exams. passed	Present Class in which Studying	Duration of Course	Players Photo with attestation by the Principals
				Name of Exams.	Date & Year				
6									
7									
8									
9									
10									
11									

Contd..(3)

Sr No.	Name of the Player (Surname-Name-Father's Name)	PRN No	Date of Birth	Date & Year of passing qualifying examination for first admission to a College / University		Last year exams. passed	Present Class in which Studying	Duration of Course	Players Photo with attestation by the Principals
				Name of Exams.	Date & Year				
12									
13									
14									
15									
16									

Signature of Director in physical Education

Signature of the Principal with Seal.

Contd..(4)

Note: Additional information is to be submitted on this proforma for cases of Migration Changes of Courses Diploma or Certificate Students. Students in Employment.

Sr. No.	Name of the player	For Migration Cases		For Change of Course			For Diploma / Certificate if Employee		
		Name of the Previous Uty.	Effective date of migration	Name of the Previous Class	Name of the previous Course	Date of changing the course	State whether post of matric P.G. Course	Duration of	Name & Address of Employee
1									
2									

CERTIFICATE

(To be signed the principal of the college and the lecturer in physical education)
Certificate that each of the student include in the list.

1. Is a bonafide student of this College / Departments?
2. Has attended not less than 75 % of the classes held up-to-date at his course of study during this academic year.
3. Satisfied all the conditions regarding eligibility as per current rules.
4. Is medically fit to participate in the Inter Collegiate Tournament.
5. The sports per capita sports fee at the rate of Rs. ---------- for the total of students on the roll's is sent to the university though Cheque / receipt No. ---------- Dated ---------- amount.

Certified that the above information is correct as per the record at this college further certified that the game is being played regularly in the college and the team practiced the game for not less than 30 days.

Date : **Director of Physical Education** **Seal of the College** **Principal**