

GONDWANA UNIVERSITY GADCHIROLI

M.I.D.C. ROAD GADCHIROLI- 442605

ELIGIBILITY PROFORMA FOR INTER-COLLEGE TOURNAMENTS

Name of the Tournament-----

Section-----

Name of the Manager Prof/ Dr.-----

His/ Her status...

Name of the participating College -----

Sr. No	Full Name	Father's Name	Mother's Name	Date of Birth	Date & Year of Passing Qualifying Examination for First Admission to College/University		Present Class	Name of the Preset Course	Duration of Course	Date & Year of First Admission		Number of Years of Previous participation while pursuing		Remark
					Name of Exam	Date & Year				University	Present Course	Graduate Course	PG Course	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
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Certified that the above particular are true as per records of the College
 Certified that the above players are not employed on full time basis.

Date :-

Signature of H.O.D
 Lect.Phy.Edu.

Seal of the College

Signature of the Principal.