



GONDWANA UNIVERSITY, GADCHIROLI

(Established by Government of Maharashtra Notification No. MISC -(2007/(322/07) UNI -4 Dated 27th Sept. 2011 & presently a State University governed by Maharashtra Public University Act, 2016 (Maharashtra Act No.VI of 2017)

OFFICE OF THE PHYSICAL EDUCATION & SPORTS

Dr. Anita M. Lokhande (Director)
Mo.9420511560
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MIDC Road, Complex, GADCHIROLI – 442 605 (M.S)
☎ 07132-223104/ 223109 Fax : 07132-223104
registrar.gondwanauniversity@gmail.com

No. Phy. Edu./ 217 / 2019

Date:- 19 / 08 / 2019

INTER COLLEGIATE TUG OF WAR TOURNAMENT (MEN)

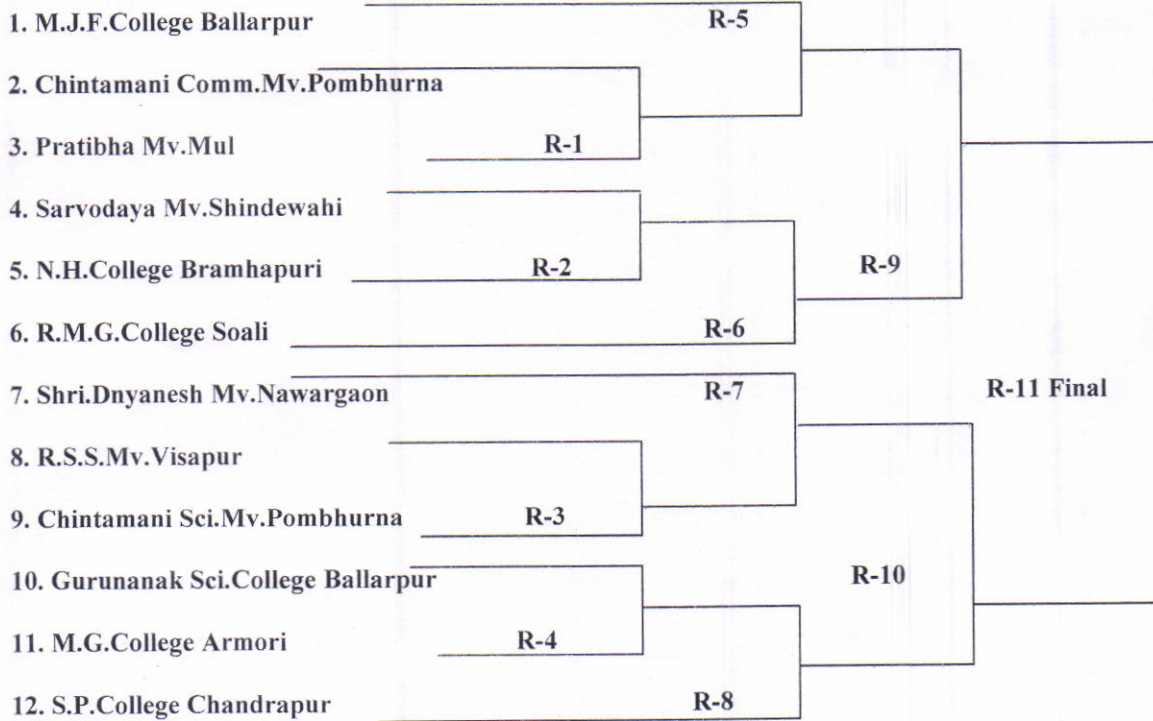
26th to 27th August 2019.

Venue :- R. M. G. College Saoli

Prof. In. Charge :- Prof. Bhashkar R. Sukare (Mo.No.9284043755)

Reporting Date :- 26 / 08 / 2019 Time : 08.00am.

A - ZONE



Final :- A Zone Winner vs B Zone Winner
Third Place:- A Zone Loser vs B Zone Loser
Venue:- R. M. G. College Saoli.
Selection Trails:- 27/08 /2019
Reporting Time:- 08.00am.

Note :- All the Concern Team Manager / Coach / Lecturer In-charge are hereby inform to submit two Eligibility form & 10th std Diploma, 12th std. Mark sheet for U.G & Graduation Mark sheet for P.G College I.D. Card dully attested to the Prof. In charge of the tournament.



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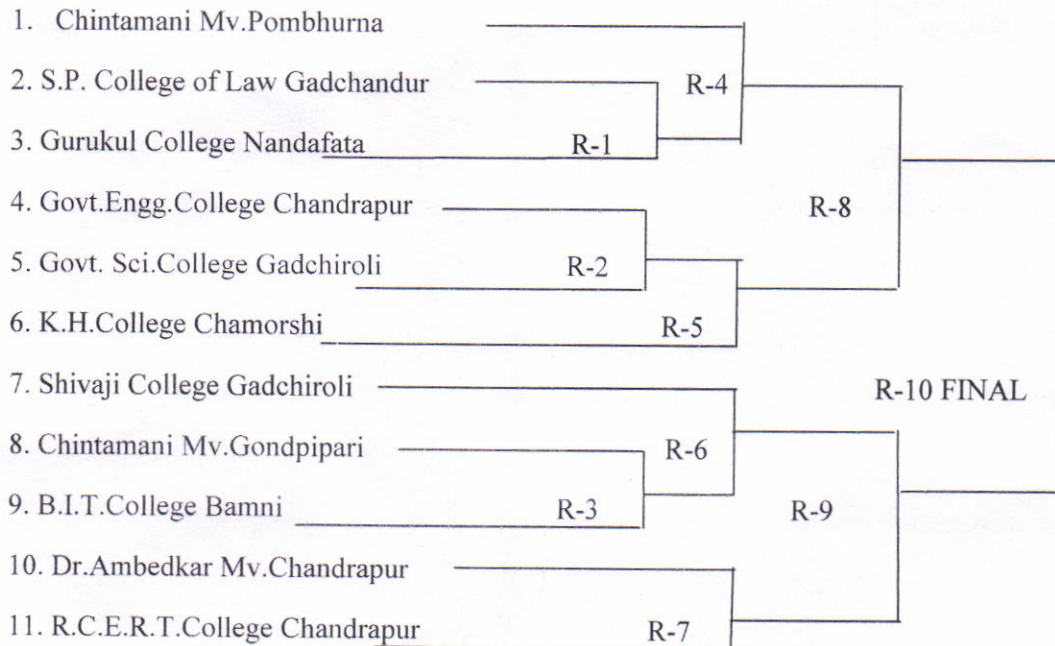
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B - ZONE



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INTER COLLEGIATE TUG OF WAR TOURNAMENT (WOMEN)

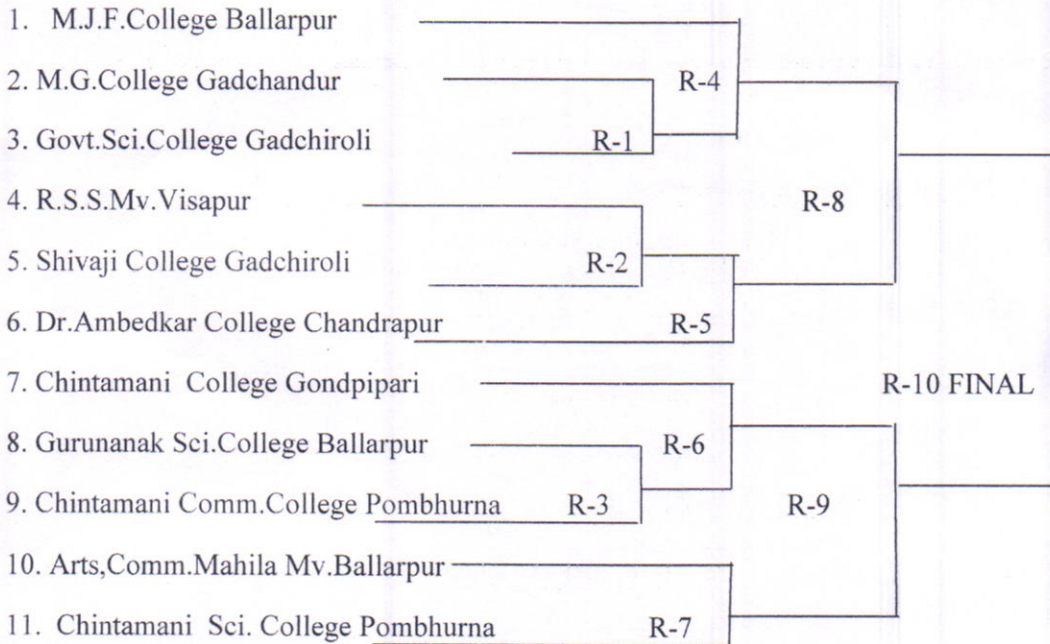
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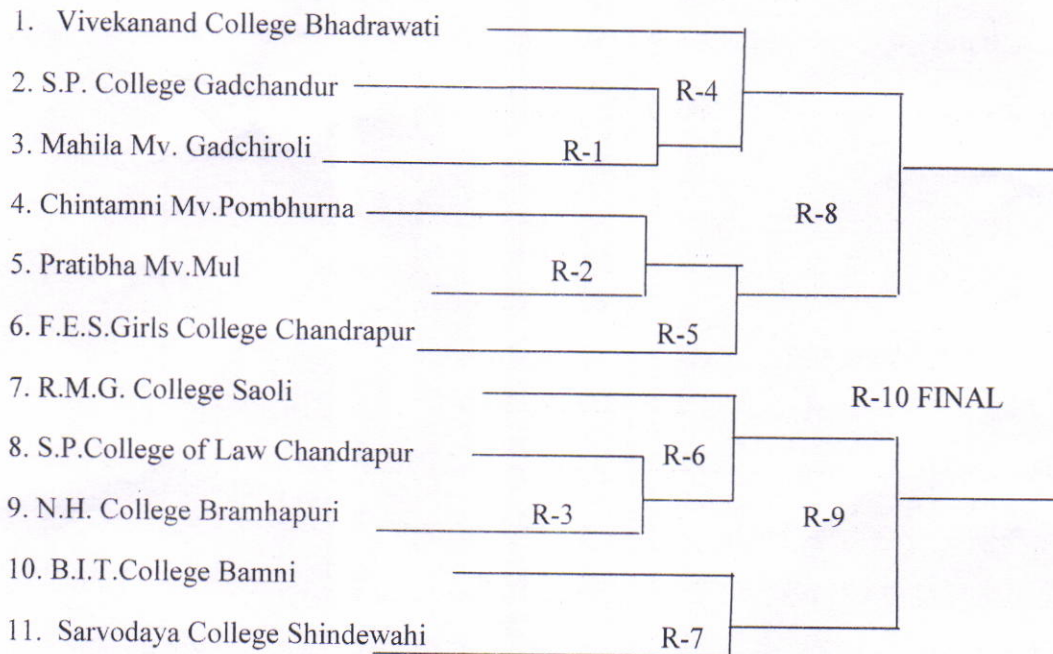
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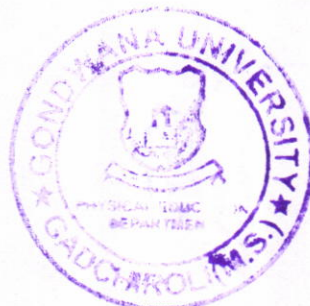
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जोख्रीमपत्र

प्रति,
मा. संचालक,
क्रिडा व शारिरीक शिक्षण विभाग,
गोंडवाना विद्यापीठ, गडचिरोली

Paste new
photograph
With College
Seal

मी नामेवर्ग..... सेम
सत्र २०.....-२०..... मध्येया
महाविद्यालयाचा/ची विद्यार्थी/विद्यार्थीनी असून मी विद्यापीठाने/महाविद्यालयाने आयोजित केलेल्या
..... (खेळाचे नांव) करिता सहभागी होण्यास/ प्रशिक्षण
घेण्यास स्वेच्छेने तयार आहे. मी जबाबदारपूर्वक असे स्विकार करतो की, प्रशिक्षण किंवा स्पर्धे
दरम्यान माझ्या बरोबर कुठल्याही प्रकारची शारिरीक वा मानसिक हानी झाल्यास किंवा माझ्याकडून
नुकसान झाल्यास नुकसान भरपाईसाठी भारत सरकार/ राज्य सरकार/ विद्यापीठ/ महाविद्यालय/
संचालक मंडळ/अध्यापक/संचालक शारिरीक शिक्षण/ व्यवस्थापक तथा प्रशिक्षक यांच्या विरोधात
मी किंवा माझे कुटूंबातील सदस्य कुठलाही दावा करणार नाही. तसेच माझे वर्तन नितीपूर्ण राहिल
व कुठल्याही प्रकारची हेतूपुरत्सर चूक होणार नाही व दिलेल्या सूचनांचे मी पूर्णपणे पालन करेल
अशी ग्वाही देतो/देते.

ठिकाण:
दिनांक:

स्वाक्षरी.....
(नांव.....)
मोबाईल नंबर.....

हमीपत्र

महोदय,
माझा पाल्य/विद्यार्थी नामे हा.....
..... येथे वर्ग
मध्ये शिकत असून विद्यापीठाने किंवा महाविद्यालयाने आयोजित केलेल्या वरील खेळाकरिता
प्रशिक्षण व सहभाग घेण्यास माझी पूर्ण अनुमती आहे. मी माझ्या पाल्यास योग्य त्या सूचना
केलेल्या आहेत. तसेच आकस्मीक घटनेसंबंधीची माझी कुठलीही तक्रार राहणार नाही. करिता हमी
देत आहे.

दिनांक:

पालकाची स्वाक्षरी.....
(नांव.....)
मोबाईल नंबर.....

शा.शि.नि. स्वाक्षरी.....
(नांव.....)
मोबाईल नंबर.....