

**DEPARTMENT OF PHYSICAL EDUCATION
RASHTRASANT TUKDOJI MAHARAJ NAGPUR UNIVERSITY NAGPUR**

**VENUE :- RASHTRASANT TUKDOJI MAHARAJ NAGPUR UNIVERSITY SPORTS
COMPLEX, AMRAVATI ROAD, NAGPUR**

To,
All The Principals of Participating Colleges,

**Subject :- Organization of Inter Collegiate CROSS COUNTRY [MEN & WOMEN]
Competition 2018-19**

| | |
|------------------------------|---|
| 01. DATE OF RACE | SUNDAY 2nd SEPTEMBER 2018 |
| 02. VENUE OF THE COMPETITION | RASHTRASANT TUKDOJI MAHARAJ NAGPUR UNIVERSITY SPORTS COMPLEX, AMRAVATI ROAD, NAGPUR |
| 03. REPORTING DATE AND TIME | 2nd SEPTEMBER 2018 AT 5.30 A.M. |
| 04. TEACHER INCHARGE | Prin. DR. SHARAD SURYANWANSHI SHARIRIK SHIKSHAN MAHAVIDYALAYA, NAGPUR |
| 05. ENCLOSURES | DETIALS ENTRY FORM & MEDICAL FORM |

:- NOTE :-

- **Distance of the Race for Women 5 km & Men 12.5 km.**
- **9 participants in Men Section & 6 participants in Women section** are allowed to participate Only. **First 6 position in Men and First 4 position in Women** section will be considered for Calculating championship.
- Last date for receiving the Entry Form in the enclosed proforma alongwith Eligibility Form will be **28th August 2018**. Late entry will not be entertained No. change will be permitted in the entries once submitted.
- Principals / Physical Education Teacher are requested to submit participants **MEDICAL CERTIFICATE FORM** of Registered Medical Practioner in it may kindly be noted that no student will be allowed to participate in the race without submission of Medical Certificate.
- All the participants will assemble on the university ground **on 2nd SEPTEMBER 2018 at 5.30** p.m. for instructions. A copy of the route is enclosed herewith. **Rs. 100/-** Chest Number will have to be deposited as refundable deposit while receiving chest number.

• **RACES WILL BE FLAGGED OF AT THE FOLLOWING TIME :-**

MEN ----- 6.30 A.M.

WOMEN----- 6.40 A.M.

ELIGIBILITY WITHOUT ENTRY FORM WILL NOT BE ENTERTAINED.

- The Principals & the Physical Education Teacher is fully responsible for the Eligibility submitted to the Concern Office.
- All the concerned teams College Principal & Physical Education are requested to submit One Eligibility alongwith the concern Players Xerox Copy of N.M.C. BIRTH CERTIFICATE in the Office of the Director Physical Education.
- **EVERY COLUMN OF THE ELIGIBILITY MUST BE FILLED PROPERLY.**



Dr. Ms. Kalpana V. Jadhav Director
Physical Education

Ref. No. / Phy.Edu./ICCR/18-19/01/174

Dated : 17th August 2018

Copy to :-

01. The Principals of all participating college in the Cross Country Men & Women Championship for information 2018-19.
02. Prin. Dr. . Sharad Suryawanshi, Sharirik Shikshan Mahavidyalaya, Koradi for information:-
Kindly submit the account and details of remuneration to be paid to the Referee/Officials with 7 days form the conclusion of the championship.
03. Secretary, Sharirik Shikshan Mahavidyalaya, Koradi for information.
04. Members of Cross Country Men & Women Selection Committee for information.
05. Chairman, Board of Physical Education, Rashtrasant Tukdoji Maharaj Nagpur University for information.
06. Members, Board of Physical Education, Rashtrasant Tukdoji Maharaj Nagpur University for information.
07. Wardan, University Girls Hostel, Rashtrasant Tukdoji Maharaj Nagpur University for information and accommodation available to the outstation teams.
08. Estatic Officer, Vidharati Bhavan, Rashtrasant Tukdoji Maharaj Nagpur University for information and accommodation available to the outstation teams.
09. The Sports Editors of all Local News Paper for information and wide publicity in their esteemed papers.



Dr. Ms. Kalpana V. Jadhav
Director
Physical Education

**DEPARTMENT OF PHYSICAL EDUCATION
RASHTRASANT TUKDOJI MAHARAJ NAGPUR UNIVERSITY NAGPUR**

ENTRY FORM- 2018-2019

NAME OF COLLEGE :-----

-: MEN SECTION :-

NAME OF PARTICIPANT/S

01.....

02.....

03.....

04.....

05.....

06.....

07.....

08.....

09.....

Signature of
Physical Education Teacher

Office Seal

Signature of Principal

**DEPARTMENT OF PHYSICAL EDUCATION
RASHTRASANT TUKDOJI MAHARAJ NAGPUR UNIVERSITY NAGPUR**

ENTRY FORM-2018-2019

NAME OF COLLEGE :-----

-: WOMEN SECTION :-

NAME OF PARTICIPANT/S

01.....

02.....

03.....

04.....

05.....

06.....

Signature of
Physical Education Teacher

Office Seal

Signature of Principal

**DEPARTMENT OF PHYSICAL EDUCATION
RASHTRASANT TUKDOJI MAHARAJ NAGPUR UNIVERSITY NAGPUR**

MEDICAL FORM -2018-2019

INTER COLLEGIATE CROSS COUNTRY MEN & WOMEN RACE 2018-2019

I hereby certify that the following Cross Country Men / Women participate belonging to
..... College have been examined by me and found that they are **PHYSICALLY FIT** to participate in the Inter Collegiate Cross Country Race to held on

| Sr. No. | Name of Players |
|---------|-----------------|
| 01 | |
| 02 | |
| 03 | |
| 04 | |
| 05 | |
| 06 | |
| 07 | |
| 08 | |
| 09 | |

Signature of Principal
Stamp & Seal

Medical Officer of the College
Stamp & Seal

Signature of Phy.Edu. Teacher

Office Seal

Copy to :- Director, Physical Education, Rashtrasant Tukdoji Maharaj Nagpur University, Nagpur