

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,

REVISED DATE

Subject :- Organisation of Inter Collegiate **CROSS COUNTRY [MEN & WOMEN]**
Championship 2017-18

01. DATE OF RACE **SUNDAY 24th SEPTEMBER 2017**
02. VENUE OF THE COMPETITION **RASHTRASANT TUKDOJI MAHARAJ
NAGPUR UNIVERSITY SPORTS
COMPLEX, AMRAVATI ROAD, NAGPUR**
03. REPORTING DATE AND TIME **24th SEPTEMBER 2017 AT 5.00 A.M.**
04. TEACHER INCHARGE **PRIN. DR. SHARAD SURYANWANSHI
SHARIRIK SHIKSHAN MV., KORADI –
98503203154**
05. ENCLOSURES **DETAIED ENTRY FORM & MEDICAL FORM**

-: NOTE :-

i) Distance of the Race for Women 5 km. & for Men 12.5 km.

ii) 9 participants in Men Section & 6 participants in Women section are allowed to participate. **First 6 position in Men and First 4 position in Women section** will be considered for Calculating championship.

ii) Last date for receiving the Entry Form in the enclosed proforma alongwith Eligibility Form will be 15th September 2017. Late entry will not be entertained No. change will be permitted in the entries once submitted.

iv) Teacher Incharge/Coach/Manager are requested to submit participants **MEDICAL CERTIFICATE FORM** registered Medical Prationer in it may kindly be noted that no student will be allowed to participate in the race without submission of Medical Certificate.

..02..

v) All the participants will assemble on the University Ground on **23RD SEPTEMBER 2017 at 4.30 p.m.** for instructions. A copy of the route is enclosed herewith. **Rs. 100/-** Chest Number HAS to be **deposited as refundable** Deposit.

vi) **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 ENTERTIONED.

01. All the concerned teams **Manager/Coach/Teacher are requested** to submit One Eligibility in the Office and One Eligibility on the Ground to the Teacher Inchage.
02. Name in the Eligibility must be in Capital Letters alongwith Mother & Father Name also. Every column of the Eligibility must be filled properly.



Dr. Ms. Kalpana V. Jadhav
Director
Physical Education
Rashtrasant Tukdoji Maharaj
Nagpur University Nagpur

Ref. No. / Phy.Edu./ICCR/17-18/314

Dated : 06th SEPTEMBER 2017

Copy to :-

01. The Principals of all participating college in the Cross Country Men & Women Championship for information 2017-2018.
02. Prin. Dr. Sharad Suryawanshi, Sharirik Shikshan Mahavidyalaya, Koradi for information. Kindly the submit the account and details of remuneration to be paid to the Referee/Officials with 7 days from the conclusion of the championship.
03. Principal, Sharirik Shikshan Mahavidyalaya, Kordi for information.
04. Chairman, Special Task Fore Committee, Physical Education, Rashtrasant Tukdoji Maharaj Nagpur University for information.
05. Members of Special Task Fore Committee, Physical Education, Rashtrasant Tukdoji Maharaj Nagpur University for information.
06. Shri. Sanjay Shende, Deptt. of Physical Education, Rashtrasant Tukdoji Maharaj Nagpur for information and necessary arrangement for said championships.
07. Warden, 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.

Mjrehman/9764338797

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DEPARTMENT OF PHYSICAL EDUCATION
RASHTRASANT TUKDOJI MAHARAJ NAGPUR UNIVERSITY NAGPUR

DETAIL ENTRY FORM 2017-18 (last date 15th September 2017)

NAME OF COLLEGE :-----

-: MEN SECTION:-

NAME OF PARTICIPANT/S

Sr.	Name of players
01	
02	
03	
04	
05	
06	
07	
08	
09	

Signature of
Phy. Edu. Teacher

Office Seal

Signature of Principal

DEPARTMENT OF PHYSICAL EDUCATION
RASHTRASANT TUKDOJI MAHARAJ NAGPUR UNIVERSITY NAGPUR

DETAIL ENTRY FORM 2017-18 (last date 15th September 2017)

NAME OF COLLEGE :-----

-: WOMEN SECTION:-

NAME OF PARTICIPANT/S

Sr.	Name of players
01	
02	
03	
04	
05	
06	

Signature of
Phy. Edu. Teacher

Office Seal

Signature of Principal

E-mail : departnmu@yahoo.in

E-mail : jadhav.v.kalpna@gmail.com www.nagpuruniversity.org

DEPARTMENT OF PHYSICAL, RASHTRASANT TUKDOJI MAHARAJ NAGPUR UNIVERSITY,

INTER COLLEGIATE CROSS COUNTRY [MEN/WOMEN]
TOURNAMENT 2017-2018

M E D I C A L F O R M

I hereby certify that the following Cross Country {Men & Women} participate belonging toCollege have been examined by me and found that they are physically fit to participate in the Inter Collegiate Tournament to held on.....

Sr.	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, RASHTRASNT TUKDOJI MAHARAJ NAGPUR UNIVERSITY NAGPUR