

DEPARTMENT OF PHYSICAL EDUCATION
RASHTRASANT TUKDOJI MAHARAJ NAGPUR UNIVERSITY NAGPUR

**VENUE :- R. T. M. NAGPUR UNIVERSITY GYMNASIUM HALL, NAGPUR
DR. PRAVIN PATIL (TEACHER INCHARGE - 9890903883)**

To,
All the principals of participating colleges,

Subject :- Organisation of Inter Collegiate **WRESTLING [MEN & WOMEN]**
competition 2017-2018

- 01. . DATE OF COMPETATION 19/10/2018 to 21/10/2018**
02. VENUE OF THE COMPETITION R. T. M. NAGPUR UNIVERSITY GYMNASIUM
HALL, UNIVERSITY PLAY GROUND, NAGPUR
- 03. REPORTING DATE AND TIME 19/10/2018 AT 09.00 A.M.**
04. TEACHER INCHARGE **DR. PRAVIN PATIL (RENUKA COLLEGE, NGP)**
05. ENCLOSURES **DETAIED ENTRY / MEDICAL FORM
WEIGHT CATEGORIES DETAILS**

-: NOTE :-

- i) Eligibility Form, Detailed Entry Form, Medical Form must reach the office of the undersigned
- ii) Without proper Kits participation will be allowed to participate in the competition.
- iii) Selection of the Wrestlers for participation in the Inter University Tournament will be made on the basis of the performance in the wrestling tournament.
- iv) Without Medical Fitness Certificate students will not be allowed to participate.

ELIGIBILITY WITHOUT ENTRY FORM WILL NOT BE ENTERTIONED.

03. 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.
04. Name in the Eligibility must be in Capital Letters alongwith Mother & Father Name also. Every column of the Eligibility must be filled properly.

Ref. No. / Phy.Edu./34/icwrestling/18-19/291

Dated : 08/10/2018

Copy to :-

01. The Principals of all participating college in the Wrestling Men & Women Championship for information.
02. Dr. Pravin Patil, Renuka College, Nagpur 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, **DR. PRAVIN PATIL (RENUKA COLLEGE, NGP)**, Nagpur for information.
04. Members of Wrestling Men & Women Selection Committee for information.
05. Chairman, Board of Physical Education, Rashtrasant Tukdoji Maharaj Nagpur University for information.
06. Members of Board of Physical Education, Rashtrasant Tukdoji Maharaj Nagpur University for information.
07. Shri. Sanjay Shende. Deptt. of Physical Education, Rashtrasant Tukdoji Maharaj Nagpur for information and necessary arrangement for said championships.
08. The Sports Editors of all Local News Paper for information and wide publicity in their esteemed papers.



(Dr. Ms. Kalpana Vasant Jadhav)

Director
Physical Education
Rashtrasant Tukdoji Maharaj
Nagpur University, Nagpur

DEPARTMENT OF PHYSICAL EDUCATION
RASHTRASANT TUKDOJI MAHARAJ NAGPUR UNIVERSITY NAGPUR

DETAILED ENTRY FORM (WRESTLING - MEN) 2018-19

NAME OF COLLEGE :-----

-: MEN SECTION :-

Sr.	Weight Category	Name	Reserve
01	Below 57 kg.		
02	Below 61 kg.		
03	Below 65 kg.		
04	Below 70 kg.		
05	Below 74 kg.		
06	Below 79 kg.		
07	Below 86 kg.		
08	Below 92 kg.		
09	Below 97 kg.		
00	Below 125 kg.		

Signature of
Principal

Office Seal

Signature of
Physical Education Teacher

DEPARTMENT OF PHYSICAL EDUCATION
RASHTRASANT TUKDOJI MAHARAJ NAGPUR UNIVERSITY NAGPUR

DETAILED ENTRY FORM (WRESTLING - WOMEN) 2018-19

NAME OF COLLEGE :-----

-: MEN SECTION :-

Sr.	Weight Category	Name	Reserve
01	Below 50 kg.		
02	Below 53 kg.		
03	Below 55 kg.		
04	Below 57 kg.		
05	Below 59 kg.		
06	Below 62 kg.		
07	Below 65 kg.		
08	Below 68 Kg		
09	Below 72 kg.		
10	Below 76 kg.		

Signature of
Principal

Office Seal

Signature of
Physical Education Teacher

INTER COLLEGIATE WRESTLING { MEN } TOURNAMENT 2018-2019

MEDICAL FORM

I hereby certify that the following Wrestling {Men} 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	Weight Category
01		Below 57 kg.
02		Below 61 kg.
03		Below 65 kg.
04		Below 70 kg.
05		Below 74 kg.
06		Below 79 kg.
07		Below 86 kg.
08		Below 92 kg.
09		Below 97 kg.
10		Below 125 kg.

Signature of Principal
Stamp & Seal

Medical Officer of the College
Stamp & Seal

Signature of Phy.Edu. Teacher

OFFICE SEAL

INTER COLLEGIATE WREWSTLING { WOMEN } TOURNAMENT 2018-2019

MEDICAL FORM

I hereby certify that the following Wrestling {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	Weight Category
01		Below 50 kg.
02		Below 53 kg.
03		Below 55 kg.
04		Below 57 kg.
05		Below 59 kg.
06		Below 62 kg.
07		Below 65 kg.
08		Below 68 Kg
09		Below 72 kg.
10		Below 76 kg.

Signature of Principal
Stamp & Seal

Medical Officer of the College
Stamp & Seal

Signature of Phy.Edu. Teacher

OFFICE SEAL