

DEPARTMENT OF PHYSICAL EDUCATION
RASHTRASANT TUKDOJI MAHARAJ NAGPUR UNIVERSITY NAGPUR

VENUE :- JYOTIBA COLLEGE OF PHYSICAL EDUCATION, NAGPUR
DR. S. R. TIWARI (M. No. :- 8600730383 / 9423405449)

To,
All the principals of participating colleges,

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

- 01. . DATE OF COMPETATION 13/10/2017 to 15/10/2017**
02. VENUE OF THE COMPETITION JYOTIBA COLLEGE OF PHYSICAL EDUCATION
C.R.P.F. CAMPS, HINGNA ROAD, NAGPUR
- 03. REPORTING DATE AND TIME 13/10/2017 AT 10.00 A.M.**
04. TEACHER INCHARGE **DR. S. R. TIWARI, J. C. P. E. NAGPUR**
05. ENCLOSURES **DETAIED ENTRY / MEDICAL FORM
WEIGHT CATEGORRIES 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./icjudo/17-18/ 382

Dated : 08/10/2017

Copy to :-

01. The Principals of all participating college in the Wrestling Men & Women Championship for information.
02. Dr. S. R. Tiwari, Jyotiba College of Physical Education, 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, Jyotiba College of Physical Education, 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, RASHTRASANT TUKDOJI MAHARAJ NAGPUR UNIVERSITY,
INTER COLLEGIATE WRESTLING { MEN } TOURNAMENT 2017-2018

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 86 kg.
07		Below +97 kg.
08		Below +120 kg.

Signature of Principal
Stamp & Seal

Medical Officer of the College
Stamp & Seal

Signature of Phy.Edu. Teacher

OFFICE SEAL

DEPARTMENT OF PHYSICAL, RASHTRASANT TUKDOJI MAHARAJ NAGPUR UNIVERSITY,
INTER COLLEGIATE WREWSTLING { WOMEN } TOURNAMENT 2017-2018

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 48 kg.
02		Below 53 kg.
03		Below 55 kg.
04		Below 58 kg.
05		Below 60 kg.
06		Below 63 kg.
07		Below 69 kg.
08		Below 75 Kg

Signature of Principal
Stamp & Seal

Medical Officer of the College
Stamp & Seal

Signature of Phy.Edu. Teacher

OFFICE SEAL