

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 2016-17**

01. DATE OF RACE	<b>SUNDAY 11<sup>th</sup> SEPTEMBER 2016</b>
02. VENUE OF THE COMPETITION	RASHTRASANT TUKDOJI MAHARAJ NAGPUR UNIVERSITY SPORTS COMPLEX, AMRAVATI ROAD, NAGPUR
03. REPORTING DATE AND TIME	<b>11<sup>th</sup> SEPTEMBER 2012 AT 5.30 A.M.</b>
04. TEACHER INCHARGE	Prin. <b>DR. SHARAD SURYAWANSHI</b> SHARIRIK SHIKSHAN MV.MAHAVIDYALAYA, KORADI
05. ENCLOSURES	DETAIED ENTRY 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 only. 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 **2<sup>ND</sup> SEPTEMBER 2016**. 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.
- v) All the participants will assemble on the university ground **on 10<sup>th</sup> SEPTEMBER 2012 at 4.30** p.m. for instructions. **Rs. 100/-** Chest Number will have to be deposited as refundable deposit while receiving chest number.
- 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 Incharge.
02. Name in the Eligibility must be in Capital Letters alongwith Mother & Father Name also. Every column of the Eligibility must be filled properly.
- 03. Players must be were proper kit and bring their own college I-Card for current session.**



Shri. Ravindra V. Pundlik  
Off. Director  
Physical Education

**Ref. No. / Phy.Edu./ICCR/16-17/337**

**Dated : 18<sup>th</sup> August 2016**

Copy to :-

01. The Principals of all participating college in the Cross Country Men & Women Championship for information.
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 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, Special Task Committee, Physical Education, Rashtrasant Tukdoji Maharaj Nagpur University for information.
06. Members of Special Task Committee, Physical Education, Rashtrasant Tukdoji Maharaj Nagpur University for information.
07. Shri. Mohd. Salim U.D.C. Deptt. of Physical Education, Rashtrasant Tukdoji Maharaj Nagpur for information and necessary arrangement for said championships.
08. Wardan, University Girls Hostel, Rashtrasant Tukdoji Maharaj Nagpur University for information and accommodation available to the outstation teams.
09. Ested Officer, Vidharati Bhavan, Rashtrasant Tukdoji Maharaj Nagpur University for information and accommodation available to the outstation teams.
10. The Sports Editors of all Local News Paper for information and wide publicity in their esteemed papers.

Sd/-  
Director  
Physical Education  
R.T.M.N.U. NAGPUR

Mjrehman/ 08087281320  
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**DEPARTMENT OF PHYSICAL EDUCATION  
RASHTRASANT TUKDOJI MAHARAJ NAGPUR UNIVERSITY NAGPUR**

**ENTRY FORM- 2016-2017**

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-2016-2017**

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