

DEPARTMENT OF PHYSICAL EDUCATION
RASHTRASANT TUKDOJI MAHARAJ NAGPUR UNIVERSITY NAGPUR

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No. Phy.Edu. 2017-18/645

Date : 27-10-2017

To,
The Principal of all concerned Colleges

REVISED DATE

Subject :- Conduct of Inter Collegiate **BOXING (MEN/WOMEN)** Championship
2017-2018

01. Date of Competition :- **05 to 07th NOVEMBER 2017**
02. Venue of the Competition :- Shri. Nashikrao Tripude College of
Physical Education, Near Sadar
Police Station, Nagpur
03. Reporting Date & Time :- **05 NOVEMBER 2017 at 9.00 a.m.**
Weighing in and Medical Exam.
04. Teacher Incharge :- **DR. AVINASH SAHARE**
Shri. Nashikrao Tripude College of
Physical Education, Nagpur
05. Enclosure attached :- Detail Entry Form, Medical Form
& Weight Categories Details.

NOTE :-

01. Rules of Boxing Federation of India as approved by Association of Indian universities New Delhi will be followed. The competition will commence immediately after weighing in of players.
02. Proper boxing kits (Costumes) is must No players will be allowed to participate without valid college identity card.
03. Eligibility Form, Detail Entry Form, Medical Certificate must reach the undersigned office on the before **1ST NOVEMBER 2017.**

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WEIGHT CATEGORIES- 2017-2018

Sr.	Weight Category (Men) Section	Sr.	Weight Category (Women) Section
01	Min. 46to 49 kg.	07	Above 69 to 75 kg.
02.	Above 49 to 52 kg.	08	Above 75 to 81 kg.
03.	Above 52 to 56 kg.	09	Above 81 to 91 kg.
04.	Above 56 to 60 kg.	10	+91
05	Above 60 to 64 kg.		
06	Above 64 to 69 kg.		

N.B :-

01. The teacher incharge of the participating team must accompany the players team. **Teams reporting without Manager will not be allowed to participate.** Teacher incharge should carry the **Medical Form copy of Eligibility Form (All columns filled properly)** and Detailed Entry Form alongwith them at the venue of the competition.
02. All the participants will be examined by the Medical Officer appointed by the Principal Nasikrao Tripude College of Physical Education, Nagpur before weighing at the venue of the competition. **Medically Unfit students** will not be allowed to participate.

COPY TO :-

01. **The Principals of all participation college for information.**
02. Dr. Avinash Sahare Shri. Nashikrao Tripude College of Physical Education, Nagpur. Kindly submit the accounts and details of remuneration to be paid to the Referee / Officials with 7 days from the conclusion of the championships.
03. Principal, Shri. Nashikrao Tripude College of Physical Education, Nagpur for information.
04. Members of Boxing (Men/Women) Selection Committee for information.
05. Shri. Sanjay Shende, LDC, Department of Physical Education, Rashtrasant Tukdoji Maharaj Nagpur University, Nagpur. For information and necessary arrangement
06. Chairman, Board of Physical Education, Rashtrasant Tukdoji Maharaj Nagpur University, Nagpur.
07. The Wardan, Girls Hostel & Estate Officer, Vidhrtibhavan, Rashtrasant Tukdoji Maharaj Nagpur University for information.
08. The Editors of all LOCAL NEWS PAPER for information and wide publicity in their esteemed papers.

(Dr. Ms. Kalpana Vasant Jadhav)

Director
Physical Education

MEDICAL FORM (MEN/WOMEN)

I hereby certify that the following boxers belonging to college have been examined by me and found that they are PHYSICALLY FIT to participate in the University Inter Collegiate Boxing Championship to be held in

NAME OF BOXERS

- 01.....
- 02.....
- 03.....
- 04.....
- 05.....
- 06.....
- 07.....
- 08.....
- 09.....
- 10.....
- 11.....
- 12.....

Principal Office Seal Medical Officer of the College
Copy to :- The Director, Physical Education, Rashtrasant Tukdoji Maharaj Nagpur University Nagpur.

DETAILED ENTRY FORM (MEN / WOMEN)

NAME OF COLLEGE

Sr.	Weight Category	Name of Boxer	Actual weight of the competitor
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13.			

N.B.:- 01. No. Change in the detailed entry form will be permitted after the last date.
02. All entries must be in block letters.

I certify that the above mentioned competitors are bonfide students of students our college during the year 2017-2018 and above particulars are correct.

Signature of Office Seal Signature of Principal
Physical Teacher