



राष्ट्रसंत तुकडोजी महाराज नागपूर विद्यापीठ

(सेंट्रल प्रोव्हिसेंस शासन शिक्षण विभागाची अधिसूचना क्रमांक ५१३ दिनांक १ ऑगस्ट १९२३ - द्वारा स्थापित व महाराष्ट्र सार्वजनिक विद्यापीठ अधिनियम, २०१६ सन २०१७ चा महाराष्ट्र विद्यापीठ अधिनियम क्रमांक ६ द्वारा संचालित विद्यापीठ)

क्रीडा व शारीरिक शिक्षण विभाग

आर.बी.डी. लक्ष्मीनारायन परिसर, रविनगर, अमरावती रोड, नागपूर

दुरध्वनी क्रमांक ०७१२-२५३१६९६ / ९८५०३०३१५४, E-mail : departnmu@yahoo.in/sharadsuryawanshi25269@gmail.com

No. DPE/RTMNU/2022 - 2023 /928

Date : 15.09.2022

To,
All the Principals of Participating Colleges
Rashtrasant Tukadoji Maharaj Nagpur University, Nagpur

Subject: Organization of Inter Collegiate **ATHLETICS CHAMPIONSHIP [MEN/WOMEN] 2022-2023**

I am pleased to inform you that Inter Collegiate **ATHLETICS CHAMPIONSHIP [MEN/ WOMEN]** is being organized by Department of Sports & Physical Education Rashtrasant Tukadoji Maharaj Nagpur University, Nagpur on **22nd NOVEMBER 2022 TO 25TH NOVEMBER 2022**

VENUE:

SYNETHIC TRACK, DIVISIONAL SPORTS COMPLEX, MANKAPUR, NAGPUR

REPORTING TIME:

22 NOVEMBER 2022 at 8.30 A.M.

ENTRIES:

All are requested to submit their entries in prescribed form only, which is enclosed herewith. The form must be filled in capital letters. All the columns of entry form are mandatory.

NUMBERS OF ENTRIES:

Each unit can sent maximum 2 entries in each event. No reserve entry will be accepted. Each Athlete can participate in 2 individual event,.

LAST DATE FOR RECEIPT OF ENTRIES:-

The last date of receipt of entries is **19-11-2022 (up to 2.00 PM). Only hard copy**

IDENTITY CARD:-

All the athletes should carry their Identity Card issued by Principal of their Colleges during the competition period.

TEACHER INCHARGE:

**Prin. Dr. Vibakanand Singh,
Gulam Nabi Azad College of Physical Education, Nagpur**

MANAGER OF THE MEET

Dr. Sanjay Choudhari Shree Binzani City College, Nagpur

TECHNAICAL MANEGAR

Dr. Aditya Soni, Late V. N.S. S. Mv. Nagpur

ASSTT. TECHNAICAL MANEGAR

Shri. Ram Wani

MANAGER MEETING:

21-11-2022 AT 4.00 p.m. at Office of the Director, Sports & Physical Education, R. T. M. Nagpur University Nagpur

CHEST NUMBER DISTRIBUTION:

Strictly in the Manager Meeting Only

ENCLOSURE

- : 1. ELIGIBILITY FORM**
- 2. DETAILS ENTRY FORM**
- 3. UNDERTAKING FORM**
- 4. FORMAT OF MEDICAL FITNESS CERTIFICATE**

NOTE:-

- 01. It is compulsory for every athlete to participate in the march past along with their COLLEGE FLAG**
- 02. In case there are any athletes who want to participate in Decathlon (Men) Heptathlon (Women) 20km. Walk (Men/WOMEN), Half Marathon Submit there MEDICAL CERTIFICATE BEFORE EVENT**

-: MANAGER MEETING

The Manager's meeting will be held on 21-11-2022 at 4.00 p.m. at Office of the Director, Sports & Physical Education, R. T. M. Nagpur University Nagpur. Instructions regarding the Meet. Chest Number & program of the Meet will be issued in the Manager Meeting. The Chest Number will be issued only in Manager Meeting to the respective Manager only. While issuing the number **SECURITY DESPOSIT of Rs. 200/-** will be collected from each college irrespective of number of the Athletes in the team. The security deposit will be returned after receiving all the chest numbers. In case of loss or damage of any chest numbers a deduction at the rate of Rs. 20/- per number shall made.

-: FINAL CONFIRMATION OF COMPETITORS :-

For the first day of competition Final confirmation shall be submitted in the team manager meeting For subsequent day. Confirmation shall have to be submitted to the record-keeper before 01.30P.M. (One day prior to the Start of the event). The names of the competitors competing must be submitted in the PRESCRIBED PROFORMA PROVIDED BY OFFICE

- 01. All the concerned teams Manager/Coach/Teacher Incharge are requested to submit Two Eligibility Form in the Office.**
- 02. Name in the Eligibility Form must be in Capital Latter along with Mother & Father Name also. Every Colum of the Eligibility Form must be filled properly.**

-: PROTEST

PROTEST SHALL BE MADE IN WRITING WITHIN 30 MINUTES AFTER THE EVENT IS OVER BY DEPOSITING A SUM OF RS. 500/- ONLY TO THE TEACHER INCHAGE

Your co-operation for the successful organization of the meet is solicited. For further enquiries, you may contact **Prin. Dr. Vibaknand Singh, Teacher Incharge** of Inter Collegiate Athletics Championship **Mobile No. 9373124533**, **Dr. Aditya Soni, Technical Manager** of Inter Collegiate Athletics Championship **Mobile No. 8999294315**, **Dr. Sharad Suryawanshi, Director of Sports & Physical Education Rashtrasant Tukdoji Maharaj Nagpur University Nagpur Mobile No. 9850303154**

Thanking you



Dr. SHARAD B SURYAWANSHI
DIRECTOR

Sports & Physical Education Rashtrasant
Tukadoji Maharaj Nagpur University, Nagpur

Copy forwarded to:-

01. Hon'ble Vice Chancellor & Chairman, Board of Sports & Physical Education Rashtrasant Tukdoji Maharaj Nagpur University, Nagpur.
02. The Principals of all participating college for information.
03. Prin. Dr. Vibekand Singh, Gulam Nabi Azade College of Physical Education, Nagpur Kindly Submit the Account and Details of Remuneration to be paid to the officials with 7 days from the conclusion of the championships.
04. Secretary , Gulam Nabi Azade College of Physical Education, Nagpur for information.
05. Member of Athletics Men / Women Selection Committee for information.
06. Warden, University Girls Hostel, Rashtrasant Tukdoji Maharaj Nagpur University for Information.
07. Estate Officer, Vidarthi Bhavan, Ranshtrasant Tukdoji Maharaj Nagpur University for information.
08. The Sports Editors, All the Local Newspaper for information and vide publicity in their esteemed papers.

www.nagpuruniversity.org
E-mail:- departnmu@yahoo.in

Sd/-
Director
Sport & Physical Education

MEDICAL FORM

I hereby certify that the following athletes belonging to

have been examined by me and found that they are **PHYSICALLY FIT** to participate in the Inter Collegiate Annual Athletics Meet [MEN/WOMEN] CHAMPIONSHIP to be held

NAME OF ATHLETE (MEN/WOMEN)

SR. No.	Name of Athlete
01	
02	
03	
04	
05	
06	
07	
08	
09	
10	
11	
12	
13	

Signature of Principal

Office Seal

Medical Officer