

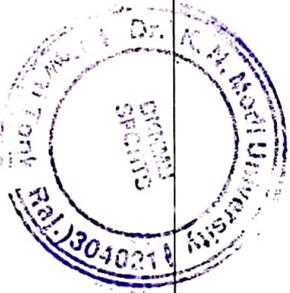
ELIGIBILITY PROFORMA FOR NATIONAL UNIVERSITY GAMES

Name of the Tournament: ALL INDIA SHOOTING CHAMPIONSHIP Men, Name of the Manager: Inderjeet Sharma, His status: Sports Officer, Name of the Host University: SUBHARTI UNIVERSITY MEERUT (UP) Event: ALL INDIA SHOOTING CHAMPIONSHIP Men 2025-26 University: Dr. K. N. Modi University, Newai (Rajasthan) YEAR 2025-26

S. No	Name	Father's Name	Mother Name	Date of Birth	College in which studying	Date & Year of Passing Examination for First Admission to University	Year of Qualifying Examination for First Class	Present Class	Name of the Present Course	Duration of Course	Date & Year of First Admittion to Course	Present Course	Present Course	Number of years of previous participati on while pursuing	Aadhar card No
1	SAMAR JEET SINGH	JAGDISH CHOUHDHARY	SHANTI DEVI	20/08/2001	DKNMMU TONK RAJASTHAN	BABED	28/11/2022	MA	MA	2 YEARS	16/10/2024	MA	MA	13	394646357150

Certified that the above particulars are correct and true as per records of the University.

Seal of the University



(Signature)

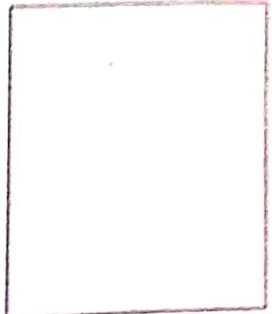
Signature Director/Secretary Sports/sports officer

SPORTS OFFICER

Dr. K. N. Modi University
Newai Tonk (Rajasthan)



ALL INDIA INTER UNIVERSITY
SHOOTING (M&W) CHAMPIONSHIP 2025-26
AIR PISTOL | AIR RIFLE



REGISTRATION FORM

Name of the University: Dr. K. N. Modi University

Official Address: Newai, Tonk (RAJASTHAN)

E-mail ID: sports@dknmv.org

Phone Number: 8875010028

Manager for Shooting Team: INDERJEET SHARMA

Address: Dr. K. N. Modi University, Newai, Tonk (RAJASTHAN)

E-mail ID: sports@dknmv.org

Phone Number: 8875010028

Alternate Phone Number: 8875010727

LIST OF SHOOTING EVENTS

WOMEN

- | | | | | | |
|-------------------|--------------------------|-----|--------------------------|------|--------------------------|
| 1. 10M Air Rifle | <input type="checkbox"/> | IND | <input type="checkbox"/> | Team | <input type="checkbox"/> |
| 2. 10M Air Pistol | <input type="checkbox"/> | IND | <input type="checkbox"/> | Team | <input type="checkbox"/> |

MEN

- | | | | | | |
|-------------------|-------------------------------------|-----|-------------------------------------|------|--------------------------|
| 1. 10M Air Rifle | <input type="checkbox"/> | IND | <input type="checkbox"/> | Team | <input type="checkbox"/> |
| 2. 10M Air Pistol | <input checked="" type="checkbox"/> | IND | <input checked="" type="checkbox"/> | Team | <input type="checkbox"/> |

MIXED TEAM

- | | |
|-------------------|--------------------------|
| 1. 10M Air Rifle | <input type="checkbox"/> |
| 2. 10M Air Pistol | <input type="checkbox"/> |





ALL INDIA INTER UNIVERSITY
SHOOTING (M&W) CHAMPIONSHIP 2025-26
AIR PISTOL | AIR RIFLE



Individual

(Please make copies of this form and fill one for every event)

Event: 10 M AIR PISTOL

Men: Women:

Name: SAMARJEET SINGH

Phone No.: 7426814835

Name: _____

Phone No.: _____

Name: _____

Phone No.: _____

Name: _____

Phone No.: _____



ADDITIONAL INFORMATION TO BE SUBMITTED FOR CHANGE IN COURSE/FACULTY

S.No.	Name of the player	Father's name	Name of previous class	Name of new class	Name of previous course/faculty	Name of new course/faculty	Date & year of joining previous course/faculty	Date & Year of changing to new course/faculty	Minimum academic qualifications of admission to new course/faculty	Remarks
a.										
b.										
c.										
d.										

Certified that the above particulars are correct and true as per records of the University.

Further certified that no member of the team listed in this preform has violated the following rule:

No player, who chose to play on behalf of the State team, in any tournament, without prior permission of the concerned university and in case of tournaments in which Indian Universities teams are also participating, without prior permission of the Association of Indian Universities, shall be allowed to participate in any university, inter-collegiate and inter-University tournaments. It was for the concerned university to take appropriate disciplinary action against players playing on behalf of State teams without their permission as referred to in the preceding sentence.

Date _____ Seal of the University _____

Signature Director/Secretary Sports/sports officer _____

IMPORTANT NOTE:

- Only those universities shall be allowed to participate in this tournament which submit this preform in quadruplicate complete in all respects to the Organizing Secretary in time as required under the rules. Before submitting the team to participate in this tournament, the Organizing Secretary shall ensure that:
 - Eligibility details as contained herein are neatly typed on this form and do not bear any unauthorized over writings.
 - The identity cards bear the photographs of the members of the team and their signatures are duly attested by the concerned Registrar/Secretary, Sports Committee/Director of Physical Education under seal and the identity cards do not bear any unauthorized over-writings.
 - The eligibility details given herein have been thoroughly scrutinized and the Organizing Secretary is satisfied that the members of the team are eligible to participate in the tournament.
 - The university has submitted a declaration to the effect that they are not in arrears in respect of the current Annual Subscription or any other dues payable to the AIU.
- One copy of the preform, out of the 4 received by the Zonal Organizing University shall be returned to the qualifying university by the Organizing Secretary of the corresponding Zonal tournament, for submission to the Organizing Secretary of the Inter-Zonals.
- Immediately at the end of the tournament the Organizing Secretary shall send to the Office of the AIU two copies of this preform complete in all respect.
- The following columns must be completed by the Organizing Secretary:
 - Date of receipt of this preform by the Organizing Secretary _____
 - Date of the first Match in the tournament of this University _____
- The Organizing Secretary will sign the following certificate before allowing the team to participate in the tournament.

Certified that I have checked the eligibility particulars of the members of the team given herein and found them eligible.

Date _____

Signature of the Organizing Secretary _____