

Blatt

ELIGIBILITY PROFORMA FOR NATIONAL UNIVERSITY GAMES

Name of the Tournament AIU Shri Sri University Ganga Section Men/Women Dr. Milankumar His/her status Blatt
 Name of the Host University Sri Sri Subhadracharya University Name of the Manager Dr. Milankumar Inter Zonal _____
 Yes/No Name of the Participating University PDEU Zone _____

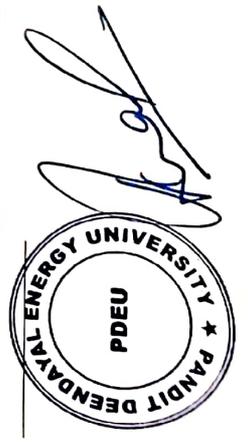
YEAR

S. No	Name of Sportsperson	Father's Name	Date of Birth	College in which studying	Date & Year of Passing Examination for First Admission to a University	Present Class	Name of the Present Course	Duration of Course	Date & Year of First Admission to		Number of years of previous participation while pursuing	Remarks		
									Univ	Present Course			Graduate Course	P.G. Course
1		2	3	4	5	6	7	8	9	10	11	12	13	14
1	<u>Rishabh Kishor Sachin</u>	<u>Sachin</u>	<u>29/12/2004</u>	<u>PDEU</u>		<u>3rd Sem</u>	<u>BABBA</u>	<u>Aug 2011</u>	<u>July 2012</u>	<u>BABBA</u>				
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														

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

MIGRATION CASES:

Certified that Sports person(s) listed at S.No.(s) _____ above is/are migration cases. He/she/they has/have been admitted to the University. _____ duly enrolled student(s) for _____ University courses/class of not less than one academic year's duration for which examinations are also conducted by the University. _____ Signature of the Registrar/Secretary, Sports Committee



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 to 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 proforma 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 15/10/25 Seal of _____ Signature of the Registrar/Secretary, Sports Committee _____



IMPORTANT NOTE:

- Only those universities shall be allowed to participate in this tournament which submit this proforma in quadruplicate complete in all respects to the Organising Secretary in time as required under the rules. Before submitting the team to participate in this tournament, the Organising 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 Organising 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 proforma, out of the 4 received by the Zonal Organising University shall be returned to the qualifying university by the Organising Secretary of the corresponding Zonal tournament, for submission to the Organising Secretary of the Iner-Zonals.
- Immediately at the end of the tournament the Organising Secretary shall send to the Office of the AIU two copies of this proforma complete in all respect,
- The following columns must be completed by the Organising Secretary:
 - Date of receipt of this proforma by the Organising 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.

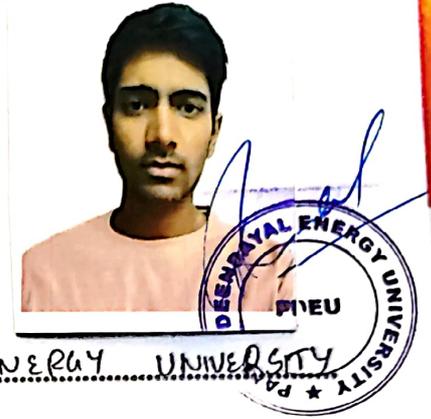
Certified that I have checked the eligibility particulars of the members of the team given herein and found them eligible.

Date _____

Signature of the Organising Secretary



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



REGISTRATION FORM

Name of the University: PANDIT DEENDAYAL ENERGY UNIVERSITY

Official Address:

E-mail ID: RIKPATEL33@gmail.com

Phone Number: 9909769694

Manager for Shooting Team: Dr. MILANKUMAR BHATT

Address: PDEU

E-mail ID: Milan.bhatt@pdeu.ac.in

Phone Number: 9601450835

Alternate Phone Number: 9909769694

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 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: RIKHAV PATEL

Phone No.: 9909769694

Name: _____

Phone No.: _____

Name: _____

Phone No.: _____

Name: _____

Phone No.: _____

