



WEST BENGAL STATE UNIVERSITY

DEPARTMENT OF SPORTS

BARASAT, NORTH 24 PARGANAS, PIN - 700 124

ELIGIBILITY PROFORMA

Inter Collegiate.....(Men / Women) Tournament / Championship 200 - 200

Name of the College.....

Address.....

Name of the Manager..... Designation..... Telephone No.....

Name of the Coach..... Telephone No.....

Sl. No.	Name of the Players	Father's Name	Residential Address	H.S. Passed on	Under Graduate/Post Graduate Course	Year VIII	Roll No.	Date of Birth	Signature of the Players	Remarks
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24.										

N. B. : To be filled in by the College in Duplicate.
Original is for the College (Blue form).
Duplicate must be submitted to the Dept. of Sports, West Bengal State University. (Maroon form)
well in advance (minimum two days before the commencement of the first match).

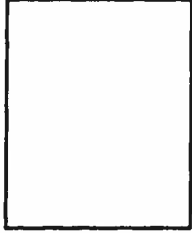

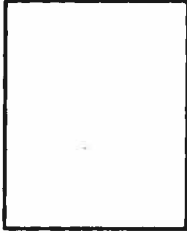
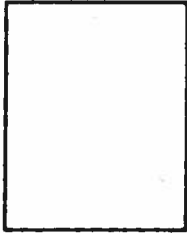
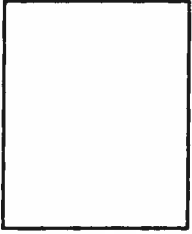
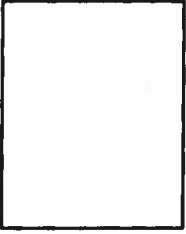
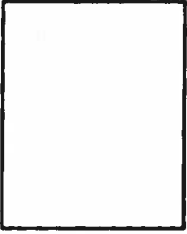
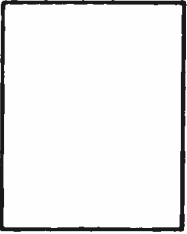
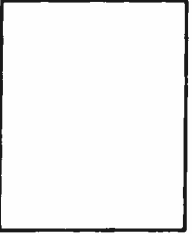
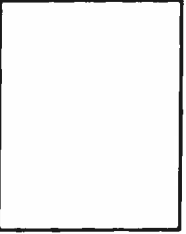
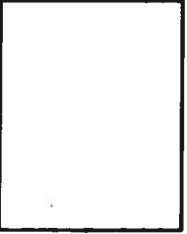
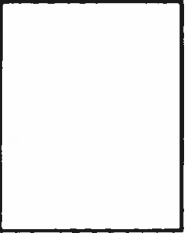
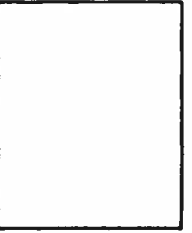
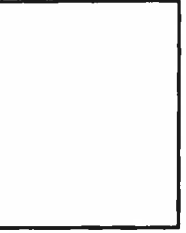
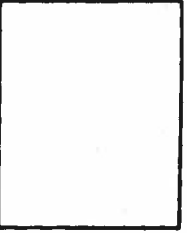
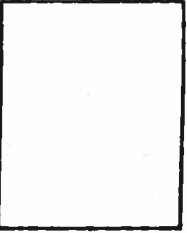
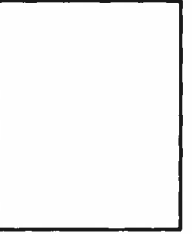
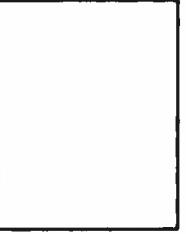
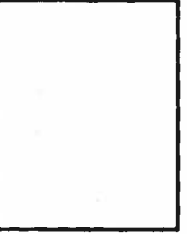
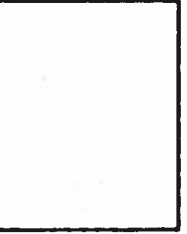
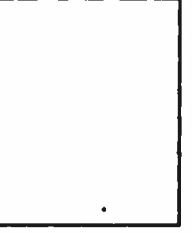
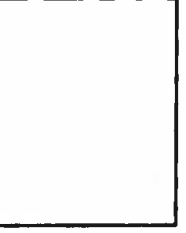
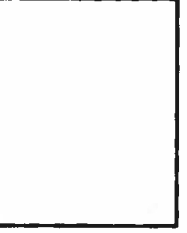
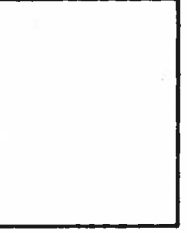
I certify that the above information are true and genuine to the best of my knowledge and belief.

Signature of the Manager
(Team.....)

Signature of Principal / V. Principal /
Teacher in charge (with Seal)

Date :

PHOTOGRAPHS ARE REQUIRED TO BE ATTESTED BY THE HEAD OF THE COLLEGE/INSTITUTION

1 	2 	3 	4 
Name :	Name :	Name :	Name :
5 	6 	7 	8 
Name :	Name :	Name :	Name :
9 	10 	11 	12 
Name :	Name :	Name :	Name :
13 	14 	15 	16 
Name :	Name :	Name :	Name :
17 	18 	19 	20 
Name :	Name :	Name :	Name :
21 	22 	23 	24 
Name :	Name :	Name :	Name :

N.B. : Number of players depends upon the games concerned.
Checked

Office W.B.S.U.S.D.

Signature of the Manager
(Team.....)

Signature of the Principal/Vice Principal /
Teacher in charge of the College (with seal)