

# RAMASHRAY BALESHWAR COLLEGE

DALSINGHSARAI-848114, SAMASTIPUR, BIHAR (INDIA)

(A CONSTITUENT UNIT OF L. N. MITHILA UNIVERSITY, DARBHANGA)



Email: rbcdalsin@gmail.com

www.rbccollege.ac.in

Ref: Sports/486/23

Date: - 02.12.2023

To

1. The Head All Post-Graduate Departments, LNMU, Darbhanga
2. The Principal, All Constituent and Affiliated Colleges, LNMU, Darbhanga
3. The Director Dr. A.P.J Abdul Kalam W.I.T, LNMU, Darbhanga

Subject: Regarding Organizing "Sports Program of Wrestling (Male/Female)" from 11 to 12 December, 2023 in reference to University Sports Council Letter No. 4916-24/05/2023

Respected Sir/Madam,

This is to your kind information that in reference to above mentioned Sports Council Letter Wrestling Sports Program Male/Female will be held in Ramashray Baleshwar College Dalsingsarai Samastipur Campus from 11 to 12 December, 2023.

I would like to request you to please send the name and details of participants by 07/12/2023 for the above purpose.

Thank you for your kind cooperation.

Contact Person

1. Shri Uday Shankar Vidyarthi (Sports Officer )  
8609816320
2. Ankit Kumar Mishra  
9546692469

  
02/12/23

Principal

  
02/12/23

कृते प्रधानाचार्य  
आर० बी० कॉलेज  
दलसिंहसराय (समस्तीपुर)





# LALIT NARAYAN MITHILA UNIVERSITY

Eligibility Certificate: Participants & Coach  
L.N.M.U. INTER COLLEGE TOURNAMENT  
(MAKE PHOTOCOPY OF THIS FORM FOR EACH PARTICIPANT)

Affix your  
photograph

## A. Tournament Information

1. Name of Tournament.....
2. Name of Event .....

## B. General Information

1. College.....
2. Address of College.....

## C. Personal Information

1. Name of Participant (IN BLOCK LETTERS).....
2. Gender: Male / Female.....
3. Father / Mother's Name.....
4. Date of Birth as per x(10<sup>th</sup>) Board Certificate (attach attested copy) .....DD/MM/YY.  
Age as on 1<sup>st</sup> July, 2021, .....Years .....Month .....Days
5. Year of passing XII (+2) standard .....DD/MM/YY
6. Course / Class in which presently studying: Course .....Subject .....  
(Attach attested copy of identity Card) Roll No ..... Regis. No. ....
7. College / Department / Institute .....
8. Whether you are a Participant / Coach.....
9. Telephone No. with STD code.....
10. E-mail ID.....
11. Unique Id No. (At the time of apply):- .....

The above statements made by me are correct and true to the best of my knowledge.

Date:

Signature of student's Participant/ Coach

[A student is eligible if (i) he / she does not exceed the age of 25 years as on 1<sup>st</sup> July 2022 (ii) He / She has not completed 5 years after passing XII (iii) He/ she has been enrolled in a full – time degree course or diploma course of over 1 year duration]  
Certified that the particulars provided above have been verified and found to be correct to the best of our Knowledge.

Principal/Director  
Signature, Seal & Date

[N.B. - Kindly attach attested copy of University / College Identity Card and Date of Birth Certificate]  
For Office Use Only:

Eligible/Not Eligible (Reason, if not eligible): .....

Signature of the Head / Registration Committee .....



# LALIT NARAYAN MITHILA UNIVERSITY

## ELIGIBILITY PROFORMA FOR INTER COLLEGE TOURNAMENT

Name of the Tournament \_\_\_\_\_ Section Men/Women \_\_\_\_\_ Name of the Manager \_\_\_\_\_ His/her status \_\_\_\_\_  
 Name of the Host College \_\_\_\_\_ Name of the Participating College \_\_\_\_\_

**YEAR**

S. No	Name of Sports person	Father's Name	Date of Birth	Aadhar Number	Date & Year of		Present Class	Name Of the Present Course	Duration of Course	Number of years of previous participation while pursuing		Remarks
					Passing Examination for First Admission to a College	Qualifying for College				Graduate Course	P.G. Course	
1		2	3	4	Name of Exam	Date & Year	7	8	9	10	11	12
2												
3												
4												
5												
6												
7												
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18												
19												
20												

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

Seal of the College \_\_\_\_\_ Signature of the Principal/ Sports In-charge, \_\_\_\_\_