I.G. University, Meerpur(Rewari)																					
	This Proforma must be submitted  Year/Session:																				
Note: Kindly fill in this proforma																	ne Game ne Institution				
								Section : (Men/Women)								ie ilisutution					
							Names of th	ne Manag	er/Coach												
No.	Name (In Capital Letters)	Father's Name (In Capital Letters)	Mother's Name (In Capital Letters)	Date of Birth	Uni. Regn. No.	Present Class	Roll No.	Year of Passing Qualifying Examination		Details of last Examination Passed		Details of last Examination Passed			Year of 1st Adm. to the Present	Previous Participation in Inter-University Tournaments		Sign. Of the Student	Remar ks		
		Lettersy						10+2	Board	Roll No.	Name of Exam.	Uni.	Pass/Re- appear	Class	Year	Name of College	Course	Graduate Course	P.G. Course	Student	
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Certified that all the students whose particulars are given above attended 50% of the lectures delivered each case of the elective subject.					The Students listed herein are not employed anywhere.							Certified that the eligibility of the students listed herein has been verified and they are eligible, accounting to the I.G.U. Sports Council rules, for the University tournaments.			verified les, for						
Certified that the college/institution is not in arrears in respect of current annual subscription or any other dues payable to the I.G.U. S.C.																					
Migration Case: Certified that player (s) listed at Sr. No. (s) above is/are migration case (s) / He/She/they has/have been admitted to the university as bonafide full time duly enrolled student (s) for following full time university course/class of not less than academic year's duration for which examination are also conducted by the University.											ar's										
Signature of Asstt. Prof. Deptt. of Phy. Edu.															Signature of Principal/Director/D.S.W. with Office SEAL						

Additional Information to be submitted for change in course/faculty												
S. No.	Father's Name Name of Player	Father's Name	Previous Class	New Course	Previous Course/Faculty	Year of Joining Previous Course	Year of Joining New Course	Minimum qualification for joining New Course	Remarks			
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Certifie	d that above particulars	are true as per record of	the college									
Date: _			Seal of College :				Signature of Principal / D.S.W. /Director					