

Events...(1).....(2)(3).....



MAHATMA GANDHI UNIVERSITY
School of Physical Education & Sports Sciences; P.D.Hills. Ph.0481-2732368

Application Form for Mahatma Gandhi University Sports Scholarship-2017-18

1. Name of the applicant with phone Number :
2. Male/Female :
3. Course , Sem & College of study :
4. Roll.No./University Reg. No. :
5. Age & Date of Birth :
6. Name of Bank and Bank A/C No & IFSC code :
7. Permanent Home Address :
8. Father's /Guardian's Name :
9. Date of joining the College/University :
10. Performance/ Achievements in Sports /Games for which the student applies for Sports Scholarship. (Copies of testimonials mentioned must be attached)

2016-17

(I) International level Competitions/Tournaments:

Sl.No.	Event	Name of competitions Venue & Date	Name of organization represented	Whether Captain	Position secured.....	Remarks
(A)	(B)	(C)	(D)	(E)	(F).....	(G)....

(II) Inter-University Level Competitions/ Tournaments:-.....

(A)	(B)	(C)	(D)	(E)	(F)	(G)....
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(III) National Level Competitions/ Tournaments:.....
(A) (B) (C) (D) (E) (F) (G)

(IV) State Level /Inter-Collegiate Competitions/Tournaments:.....
(A) (B) (C) (D) (E) (F) G

2017-18

(I) International level Competitions/Tournaments:

Sl.No.	Event	Name of competitions Venue & Date	Name of organization represented	Whether Captain	Position secured.....	Remarks
(A)	(B)	(C)	(D)	(E)	(F).....	(G).....

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(II) Inter-University Level Competitions/ Tournaments:.....
(A) (B) (C) (D) (E) (F) G...

(III) National Level Competitions/ Tournaments:.....
(A) (B) (C) (D) (E) (F) G

(IV) State Level /Inter-Collegiate Competitions/Tournaments:.....

(A) (B) (C) (D) (E) (F) G

V) Total Marks secured in the last University Examination:

Marks secured: Percentage Exam: Year: .

Place:

Date:

Signature of the Applicant

**11.) Certified that Sri/ Smt.....son/ daughter of.....
is a bonafide and regular student ofstudying in
class.....
.....with Roll.No:..... and University Reg.No:.....for
the year.....and the information given by the applicant is correct to the best of my
knowledge and belief and as per College records. This applicant is recommended.**

Place:

Date:

(Head of the Department of Physical Education)

Place:

Date:

(College Seal)

Recommended and counter signed by the Principal

N.B : 1. Application not completely filled will summarily be rejected

2. Attested copies of the Merit Certificates to be attached along with the application