



Directorate of Students' Welfare
Guru Gobind Singh Indraprastha University

Sector-16 C, Dwarka, Delhi-110078, Website: <http://ipu.ac.in>

F. No. GGSIPU/DSW/Sports-2017/01

Dated: 12.09.2017

NOTICE

Subject: Schedule and Instruction for participating in Inter Collegiate Cross Country Race (Men & Women) 2017-18

Inter Collegiate Cross Country Race (Men & Women) 2017-18 is scheduled to be held on Monday, 25.09.2017 near DSW office, GGSIP University campus.

The detail of the race is as follows:

S. No	Particulars	Date & Time
1	Reporting Time	25.09.2017 (03:00 PM Sharp)
2	Submission of eligibility performa in prescribed format (as attached), registration of participants and issuance of Bib No.	25.09.2017 (03:00 PM to 04:30 PM)
3	Flag off Cross Country Race (Men)	25.09.2017 (5:00 PM)
4	Flag off Cross Country Race (Women)	25.09.2017 (05:05 PM)

Note:

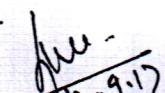
- (i) Students should participate in proper sports kit
- (ii) Students are not allowed to run without registration.
- (iii) All participants should follow the Rules & Regulations for participation in Inter Collegiate tournaments of the University for the year 2017-18 notified vide notice of even number dated 04.09.2017. Copy of the said notice is available on the University's website under the link at Students' Welfare- Sports.


(Prof. C.S. Raif)

Director, Students' Welfare

Copy to:

1. All Directors/ Principals of the affiliated Institutes of the University.
2. Assistant Registrar to Vice Chancellor - for information of the Hon'ble Vice Chancellor.
3. SO to Pro Vice Chancellor - for information of the Pro Vice Chancellor.
4. AR to Registrar for information of the Registrar.
5. Assistant Registrar (Security)
6. Medical Officer with a request for necessary arrangement of First Aid and University's Ambulance.
7. In-charge server room – Please upload the notice on the University website.
8. Guard file.


(Hirdesh Gorh)
Assistant Registrar



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ELIGIBILITY PROFORMA FOR INTER- COLLEGIATE TOURNAMENTS

Name of the Game: Cross Country Race

Section Men/Women:

Name of the Manager/Coach:

Name of the participating institute:

Contact No. Manager/Coach

YEAR: 2017-18

S. No.	Full Name of Student	Enrollment No.	Programme in which studying	Date of Birth	Present Semester	Remarks
	1	2	3	4	5	6
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Certified that the above particulars are true as per records of the College / Institute

Date: _____ Seal of College / Institute _____ Signature of the Director / Principal _____