

UNIVERSITY OF MUMBAI INTER COLLEGIATE  
CHESS TOURNAMENT 20 - 20



**ENTRY FORM**

(To be submitted on or before the last date mentioned in the Sports Calendar.)

Name of the College & Code No.:

\_\_\_\_\_

Tel. No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

E-mail: \_\_\_\_\_

The Director of Phy. Edun. & Sports,  
University of Mumbai,  
University Sports Pavilion,  
Marine Lines, Mumbai-400 020.

Sir,

I am please to inform you that my college will participating in the above stated Tournament/s to be held during the current academic year. Our College has paid Annual Sports Contribution vide Cheque/DD.No. \_\_\_\_\_ dated \_\_\_\_\_ and Entry Fees vide Cheque/DD.No. \_\_\_\_\_ dated \_\_\_\_\_ to the University. If Sports Contribution/Entry Fee not paid the entry may be rejected. The names of the participants are as under.

(Name of Players with **FEDE RANKING** if any)

(In the order of ranking)

W O M E N  
Individual Championship

1. \_\_\_\_\_

A. \_\_\_\_\_

2. \_\_\_\_\_

B. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

The detail eligibility information of the participants/s is given on the back side.

Place: \_\_\_\_\_

**PRINCIPAL**

Date: \_\_\_\_\_

(College Seal)

**Note:** PLEASE } Name \_\_\_\_\_ & Phone No. \_\_\_\_\_ of any other  
STATE } responsible person from your College to contact him/her in case of emergency/  
HERE } urgency arises beyond normal working hours or on holidays.

P.T.O.