Web : [www.jntuceh.ac.in](http://www.jntuceh.ac.in/)  Fax : 040-23057787- 090102 11444

 E-mail : [yarlagadda1961@gmail.com](mailto:yarlagadda1961@gmail.com)

**JNTUH COLLEGE OF ENGINEERING HYDERABAD**

**KUKATPALLY -HYDERABAD-TELANGANA-500 085**

**(AUTONOMUS)**

**Dr. Y. GOPI KRISHNA 21-12-2017**

B..Sc., M.P.Ed., N.I.S., M.Phil., Ph.D.

**Professor of Physical Education &**

**Secretary ,**

**JNTUH Sports council**

**To,**

**The Principals of all the Constituent and Affiliated colleges**

**JNTUH**

**Hyderabad**

**Sir,**

**I submit that the following JNTUH team selections will be held as per the dates mentioned against .**

**1) JUDO (MEN) --------- 27/12/2017 at 9.30 AM at SPORTS SCHOOL**

**,HAKIMPT,MEDCHAL ( 9.30 AM WEIGHING STARTS)**

**2) FENCING (MEN) ………….. 4/01/18 at L.B Stadium from 4.00 PM**

**PARTICIPANTS ARE REQUESTED TO BRING THE FOLLOWING DOCUMENTS**

1. **10th Class marks memo (Xerox) duly signed by the Principal of the college**
2. **Intermediate marks memo (xerox) duly signed by the Principal of the college**
3. **College I D Card Duly signed by the Principal of the college**
4. **Eligibility form duly signed by the principal of the college**
5. **University will not provide any equipment you are requested to bring your own equipment**

**NOTE -- Kindly send 2 or 3 best players from each college (if you have**

**more than 2 or 3 best players in your college send them along**

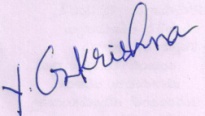
**with their participation certificate proving their level of participation**

**in the earlier tournaments before or after joining the university )**

**All the candidates should report to the undersigned as per the times mentioned against on the dates of the selection trials. Participants reporting without necessary document will not be entertained or allowed to participate in the selection trials.**

**Thanking you,**

**Yours faithfully**

****

**Dr. Y. GOPI KRISHNA,**

**Copy to all the Physical Education Personals**

**ELIGIBILITY FORM**

**PHOTO**

1. **NAME OF THE PLAYER ------**
2. **FATHERS NAME ------**
3. **MOTHERS NAME ------**
4. **DATE OF BIRTH**
5. **COLLEGE NAME ------**
6. **HALL TICKET No -------**
7. **YEAR OF PASSING THE ------**

**QUALIFYING EXAM**

**(CBSE/Intermediate or any other course )**

1. **DATE OF JOINING UNIVERSITY ------**
2. **NAME OF THE PRESENT COURSE -----**

**AND BRANCH**

1. **DURATION OF THE COURSE ------**
2. **STUDENT CONTACT No ----------**
3. **GAME/ SPORT -------------**
4. **SIGNATURE OF THE STUDENT -----**

**Signature of the Physical Director signature of the Principal**