

Directorate of Students' Welfare

Guru Gobind Singh Indraprastha University

(A State University established by the Government of NCT of Delhi)

Sector 16-C, Dwarka, New Delhi 110078

E-Mail: sports@ipu.ac.in



F. No. 36(2)(5)(15)/2024/DSW/711

Dated: 13.11.2025

Notice

<u>Subject</u>: GGSIPU Team for AIU All India Inter-University Men's Yogasana Championship

On the basis of the performance in the 20th GGSIPU Inter-Collegiate Men's Yogasana Championship held on 29th October 2025, the following students have been provisionally selected to represent Guru Gobind Singh Indraprastha University, Delhi in the AIU All India Inter-University Men's Yogasana Championship, tentatively scheduled to be held from 18th – 22nd December 2025 at Vels Institute of Science, Technology & Advanced Studies, Chennai.

S. No.	Name	Institute	Enrolment No.	Event
1	Sahitya	MDNIY	03/MSC/2025	
2	Lakshay	MDNIY	00552239924	
3	Abhishek	MDNIY	02/MSC/2025	Traditional Yogasana
4	Aditya	MDNIY	02252226724	(Team)
5	Lokesh	MDNIY	00852226724	
6	Nikunj	MDNIY	00752226724	
7	Rajneesh	USS-DC	06316412824	Traditional Yogasana (Individual)
8	Ashish	MDNIY	00252239924	Rhythmic Yogasana (Individual)

All the aforesaid students are hereby directed to report at the Directorate of Students' Welfare, GGSIPU, Dwarka Campus, on 17th November 2025 at 15:30 hrs., along with the following documents in original and one self-attested photocopy of each, failing which it shall be presumed that they are not willing to participate, and their selection shall be deemed withdrawn/cancelled without any further notice: (i) Certificate of Secondary School Examination/equivalent (ii) Certificate of Senior Secondary School Examination/equivalent (iii) DMCs & Degree of Undergraduate Course, if applicable (iv) DMCs & Degree of Postgraduate Course, if applicable (v) Migration Certificate of last attended Board/University (vi) Gap Year Affidavit, if applicable (vii) Four (4) Passport Size Photographs (viii) Aadhaar Card (ix) College/Institute ID (x) Undertaking (xi) Medical Certificate

Prof. Manpreet Kaur Kang)
Director, Students' Welfare

Copy to:

- 1. Deans/Directors (USS/Centre) & Directors/Principals of concerned Affiliated Institutes
- 2. Director, UITS with request to upload the notice on the university website.
- 3. Deputy Registrar (Security) for kind information and necessary action
- 4. Guard file

(Mahesh Kumar Hooda) Sports Officer

<u>Undertak</u>	<u>ing / Declaration</u>
All India Inter-University Men's Yogasana Ch	aughter of, have gh Indraprastha University, Delhi (GGSIPU) in the AIU nampionship tentatively scheduled to be held from 18 th ence, Technology & Advanced Studies, Chennai.
I/we hereby solemnly declare and undertake the	aat:
of Indian Universities (AIU), the Host Unteam manager during training camp, journ for disciplinary action as deemed fit by the stay, and throughout the competition. 3. I shall accept all decisions taken by the cordisciplinary issue. 4. GGSIPU, its officials, the coach, and the injury, illness, loss, damage, or mishal competition, and all medical expenses or borne solely by me/my parent/guardian. 5. I undertake to indemnify and keep indem and against any claims, fine, penalty, demof my participation in the said event. 6. I am physically fit to participate in the class.	and instructions issued by the GGSIPU, the Association niversity, the Organizing Committee, the coach, and the ney, stay, and competition, failing which I shall be liable ne University. In, and good conduct during the training camp, journey, GGSIPU and the coach/manager in case of any dispute manager shall not be held responsible for any accident, poccurring during training camp, journey, stay, or other liabilities arising from any such incident shall be unified GGSIPU, its officials, coach, and manager from lands, liabilities, or legal proceedings that may arise out thampionship, and it is my personal/parent's/guardian's fitness and insurance coverage, if deemed necessary.
Signature of Participant	Signature of Parent (Father/Mother/Guardian)
Name:	Name:
Institute Name:	Tel. No.:
Enrolment No.:	E-mail:
Tel. No.:	_
E-mail:	_
For use of concerne	d USS/Affiliated Institution
/Affiliated Institute, and was admitted to the sa	, Enrolment No is a semester in USS/Centre id programme on (MM/DD/YYY). ears. I have No Objection in his/her participation in the
	Signature Dean/Director (USS/Centre) Director/Principal (Affiliated Institution) With Seal

То, The Director, Students' Welfare **GGSIP** University, Delhi

Medical Certificate

Name of Student/Player	
Father's Name	
Address	
Name of the School/Institute/College	
Age with Date of Birth	
Height	
Weight	
Eye Sight	
Any Other Disease	
It is certified that	is medically fit/unfit for
appearing in the games/competition.	
	Signature of Doctor/Chief Medical Officer with Rubber Stamp (Regd. No)