

# 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)(14)/2024/DSW/ 713

Dated: 13.11.2025

### **Notice**

## Subject: GGSIPU Team for AIU North Zone Inter-University Men's Cricket Championship

On the basis of the selection trials conducted on 10<sup>th</sup> and 11<sup>th</sup> November 2025, the following students have been provisionally selected to represent the Guru Gobind Singh Indraprastha University, Delhi in the AIU North Zone Inter-University Men's Cricket Championship, scheduled to be held from 22<sup>nd</sup> November to 5<sup>th</sup> December 2025 at Aligarh Muslim University, Aligarh:

S. No.	Name	Institute	Enrolment No.
1	Pravin Singh	ADGIPS	03415602824
2	Tubhyam Jain	CPJCHSSL	12021503821
3	Niraj	DME	08651101724
4	Rishi	FIMT	00890149925
5	Mrigander Kundu	MAIMS	00414703522
6	Tejas Malhotra	MAIMS	02914702423
7	Aryan Jha	MAIT	11414802723
8	Kushagarh Kukreja	MAIT	106148027722
9	Krishna	MAIT	00114801724
10	Manthan Aggarwal	MSI	51314901824
11	Vedant Anand	MSI	06221201724
12	Adhyan Raj	TIPS	0872060172
13	Deepanshu	TIPS	53827901724
14	Aayush Verma	USS-DC	85116401524
15	Parth Mahajan	USS-DC	22821661724
16	Syed Faiz Abbas Adby	VIPS-TC	50117703821

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each, failing which it shall be presumed that they are not willing to participate, and their selection shall be deemed withdrawn/cancelled without any further notice: (i) Certificate of Secondary School Examination/equivalent (ii) Certificate of Senior Secondary School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>Undert</u>	aking / Declaration
I,	n/daughter of, have Singh Indraprastha University, Delhi (GGSIPU) in the AIU Championship tentatively scheduled to be held from 22 <sup>nd</sup> Muslim University, Aligarh.
I/we hereby solemnly declare and undertake	e that:
of Indian Universities (AIU), the Host team manager during training camp, jo for disciplinary action as deemed fit by 2. I shall maintain strict discipline, decorstay, and throughout the competition.  3. I shall accept all decisions taken by the or disciplinary issue.  4. GGSIPU, its officials, the coach, and to injury, illness, loss, damage, or mis competition, and all medical expenses borne solely by me/my parent/guardia.  5. I undertake to indemnify and keep independent and against any claims, fine, penalty, of my participation in the said event.  6. I am physically fit to participate in the	rum, and good conduct during the training camp, journey, ne GGSIPU and the coach/manager in case of any dispute the manager shall not be held responsible for any accident, shap occurring during training camp, journey, stay, or sor other liabilities arising from any such incident shall be
Signature of Participant	Signature of Parent (Father/Mother/Guardian)
Name:	Name:
Institute Name:	Tel. No.:
Enrolment No.:	E-mail:
Tel. No.:	
E-mail:	
I hereby certify thatbonafide student of/Affiliated Institute, and was admitted to the	, Enrolment No is a programme in semester in USS/Centre e said programme on (MM/DD/YYY) years. 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)