

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)(6)/2024/DSW/ 728

Dated: 14.11.2025

Notice

<u>Subject</u>: GGSIPU Team for AIU North Zone Inter-University Women's Basketball Championship

On the basis of the selection trials conducted on 11th November 2025, the following students have been provisionally selected to represent the Guru Gobind Singh Indraprastha University in the AIU North Zone Inter-University Women's Basketball Championship, scheduled to be held from 15th to 19th January 2026 at The Maharaja Bhupinder Singh Punjab Sports University, Patiala:

S. No.	Name	Institute	Enrolment No.
1	Priyanka Nagpal	USS-DC	85116449824
2	Harshita Chauhan	USS-DC	50516403224
3	Deepika Mishra	USS-DC	184251001384
4	Kashish Bisht	ADGIPS	03296216125
5	Anya Bhatia	USS-DC	131251000171
6	Vanshika Bhandari	USS-DC	02216503521
7	Kanishka Sigroha	VIPS-TC	51317713524
8	Harshita Barwal	TIAS	06221302024
9	Khilika Garg	JIMS-EMTC	02725511623
10	Sharanya	MAIT	01414804924
11	Trisha	TIPS	04220601725
12	Ananya Singh	MSI	00721202025

All the aforesaid students are hereby directed to report at the Directorate of Students' Welfare, GGSIPU, Dwarka Campus, on 18th 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each, failing which it shall be presumed that they are not willing to participate, and their selection shall be deemed withdrawn/cancelled without any further notice: (i) Certificate of Secondary School Examination/equivalent (ii) Certificate of Senior Secondary School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>Unde</u>	rtaking / Declaration
North Zone Inter-University Women's Ba	son/daughter of, have ad Singh Indraprastha University, Delhi (GGSIPU) in the AIU asketball Championship tentatively scheduled to be held from Bhupinder Singh Punjab Sports University, Patiala.
I/we hereby solemnly declare and underta	ake that:
of Indian Universities (AIU), the Hoteam manager during training camp, for disciplinary action as deemed fit 2. I shall maintain strict discipline, decently stay, and throughout the competition 3. I shall accept all decisions taken by or disciplinary issue. 4. GGSIPU, its officials, the coach, and injury, illness, loss, damage, or recompetition, and all medical expensions borne solely by me/my parent/guard 5. I undertake to indemnify and keep is and against any claims, fine, penalty of my participation in the said event 6. I am physically fit to participate in	corum, and good conduct during the training camp, journey, a. The GGSIPU and the coach/manager in case of any dispute d the manager shall not be held responsible for any accident, mishap occurring during training camp, journey, stay, or see or other liabilities arising from any such incident shall be lian. Indemnified GGSIPU, its officials, coach, and manager from the demands, liabilities, or legal proceedings that may arise out
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 duration of the said course is	, Enrolment No is a programme in semester in USS/Centre the said programme on (MM/DD/YYY) years. I have No Objection in his/her participation in the
aforesaid competition.	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)