

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)(28)/2024/DSW/**727**

Dated: 14.11.2025

Notice

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

On the basis of the selection trials conducted on 11^{th} November 2025, the following students have been provisionally selected to represent the Guru Gobind Singh Indraprastha University in the AIU North Zone Inter-University Men's Tennis Championship, tentatively scheduled to be held from $7^{th} - 11^{th}$ January 2026 at the Sports University of Haryana, Sonipat:

S. No.	Name	Institute	Enrolment No.
1	Anmol Saini	USS-DC	11716412825
2	Vansh	USS-EDC	03919051924
3	Abhimanyu Kumar	USS-DC	01920421823
4	Siddhant	USS-DC	01516149624
.5	Arjun Malik	USS-DC	09616101425

All the aforesaid students are hereby directed to report at the Directorate of Students' Welfare, GGSIPU, Dwarka Campus, on 19th 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each, failing which it shall be presumed that they are not willing to participate, and their selection shall be deemed withdrawn/cancelled without any further notice: (i) Certificate of Secondary School Examination/equivalent (ii) Certificate of Senior Secondary School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), GGSIPU
- 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>Undertaki</u>	<u>ng / Declaration</u>
	hughter of, have gh Indraprastha University, Delhi (GGSIPU) in the AIU ampionship tentatively scheduled to be held from 7 th – ana, Sonipat.
I/we hereby solemnly declare and undertake that	at:
of Indian Universities (AIU), the Host Uniteam manager during training camp, journe for disciplinary action as deemed fit by the 2. I shall maintain strict discipline, decorum stay, and throughout the competition. 3. I shall accept all decisions taken by the Gordisciplinary issue. 4. GGSIPU, its officials, the coach, and the rainjury, illness, loss, damage, or mishap competition, and all medical expenses or a borne solely by me/my parent/guardian. 5. I undertake to indemnify and keep indemnand against any claims, fine, penalty, demand of my participation in the said event. 6. I am physically fit to participate in the characteristics.	nd instructions issued by the GGSIPU, the Association iversity, the Organizing Committee, the coach, and the ey, stay, and competition, failing which I shall be liable e University. , and good conduct during the training camp, journey, iGSIPU and the coach/manager in case of any dispute manager shall not be held responsible for any accident, o occurring during training camp, journey, stay, or other liabilities arising from any such incident shall be mified GGSIPU, its officials, coach, and manager from ands, liabilities, or legal proceedings that may arise out nampionship, 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:	
I hereby certify thatbonafide student of/Affiliated Institute, and was admitted to the said	
	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)