

कालिन्दीमहाविद्यालय

(दिल्लीविश्वविद्यालय)

पूर्वीपटेलनगर, नईदिल्ली-110008

☎ : 011-25787604 ; Fax No.: 011-25782505

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

Website : [www.kalindi.du.ac.in](http://www.kalindi.du.ac.in)



KALINDI COLLEGE

(University of Delhi)

East Patel Nagar, New Delhi-110008

☎ : 011-25787604 ; Fax No.: 011-25782505

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NAAC ACCREDITED 'A' GRADE COLLEGE

KC/ 1740

Date: 29/03/2022

The HOD

Department of Physical Education

**Subject: Invitational Inter College Chess and Carrom Tournament for Persons with Disability.**

Dear Sir/Madam,

The Sports Society of Kalindi College will hold Invitational Inter College Chess and Carrom tournament for Person with Disability on of 6 April, 2022.

The Tournament is open to students in all categories of disability; visual (partial); orthopedic and hearing. The participant should be bonafide student of the University of Delhi.

The entry information about the tournament will be available on the college website i.e. [www.kalindi.du.ac.in](http://www.kalindi.du.ac.in). The Coordinator/ Volunteer of Department/ college unit are required to accompany the participants.

We request you to send the names of participants ( two entries per tournament) in the prescribed form to the Kalindi College as soon as possible. Entries can be entertained up to 6 of April, 2022 on registration desk from 8:30 A.M. to 9:30 A.M. only in the college.


We look forward to your active participation and response at the earliest.

  
Dr. Sunita Sharma

DPE(Organizing Secretary)

  
Dr. Renu Bala

Convenor

  
Prof. Naina Hasija

Principal



कालिन्दीमहाविद्यालय,(दिल्लीविश्वविद्यालय), पूर्वी पटेलनगर, नईदिल्ली-110008

☎ : 011-25787604 ; Fax No.: 01125782505

E-mail : kalindisampark@kalindi.du.ac.in

**NAAC ACCREDITED 'A' GRADE COLLEGE**

**Invitational Inter College Chess and Carrom Tournament for Persons with Disability.**

**Entry Form**

I want to participate in the following tournament

I

Photo

II

1. Name \_\_\_\_\_
2. Fathers/Guardians Name \_\_\_\_\_
3. Mothers Name \_\_\_\_\_
4. Address \_\_\_\_\_
5. Contact No. \_\_\_\_\_ E-Mail id \_\_\_\_\_
6. Gender(Male/Female) \_\_\_\_\_
7. Date of Birth \_\_\_\_\_
8. Department/College \_\_\_\_\_
9. Course \_\_\_\_\_ Year \_\_\_\_\_ Roll No. \_\_\_\_\_
10. Type of Disability(attach valid certificate) \_\_\_\_\_
11. Extent of Disability \_\_\_\_\_
12. Attach copy of disability certificate and valid identity card of Department/College.

Declaration:

I certify that the above information is true and correct.

Forward by Department/ College

Signature of participant

Signature of Authorized authority

Date: