

DIRECTORATE OF PHYSICAL EDUCATION & YP  
HIMACHAL PRADESH UNIVETRSTY  
SUMMER-HILL, SHIMLA-5



(Performa of Detailed Report of Inter College Championship/Tournament)

NAME OF THE TOURNAMENT \_\_\_\_\_

SECTION MEN/WOMEN \_\_\_\_\_

DATE OF THE TOURNAMENT \_\_\_\_\_

RESULTS  
**SEMI – FINAL STATE**

1. \_\_\_\_\_ vs. \_\_\_\_\_

2. \_\_\_\_\_ vs. \_\_\_\_\_

**FINAL**

1. \_\_\_\_\_ VS \_\_\_\_\_

**POSITIONS:**

1. WINNER: \_\_\_\_\_

2. RUNNER’S UP \_\_\_\_\_

3. THIRD POSITION \_\_\_\_\_  
(BETWEEN LOSERS OF SEMI FINALIST)

LOST TO WINNER \_\_\_\_\_

LOST TO RUNNER’S UP \_\_\_\_\_

SIGNATURE OF ORGANISING SECRETARY

SIGNATURE OF PRINCIPAL

DIRECTORATE OF PHYSICAL EDUCATION & YP  
HIMACHAL PRADESH UNIVETRSITY  
SUMMER-HILL, SHIMLA-5

**PARTICULARS OF WINNER TEAM:**

<i>Sl. No.</i>	<i>Name of the Player</i>	<i>Father's Name</i>	<i>College Name</i>	<i>Sr. No. of Certificate Awarded</i>
1				
2				
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11				
12				
13				
14				
15				
16				

**PARTICULAR OF RUNNER'S UP TEAM:**

<i>Sl. No.</i>	<i>Name of the Player</i>	<i>Father's Name</i>	<i>College Name</i>	<i>Sr. No. of Certificate Awarded</i>
1				
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15				
16				

PARTICULARS OF THIRD POSITION

<i>Sl. No.</i>	<i>Name of the Player</i>	<i>Father's Name</i>	<i>College Name</i>	<i>Sr. No. of Certificate Awarded</i>
1				
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14				
15				
16				

SIGNATURER OF ORGANISING SECRETARY

SIGNATURE OF PRINCIPAL HOST COLLEGE

DIRECTORATE OF PHYSICAL EDUCATION & YP  
HIMACHAL PRADESH UNIVETRSTY  
SUMMER-HILL, SHIMLA-5

LIST OF PLAYERS SELECTED FOR SUMMER COACHING CAMPS

GAME \_\_\_\_\_ YEAR \_\_\_\_\_

Sl. No.	Name of the Student	Father's Name	<i>College Name</i>	<i>College</i>
1				
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15				
16				

Signature Organizing Secretary

Signature of Principal

DIRECTORATE OF PHYSICAL EDUCATION & YP  
HIMACHAL PRADESH UNIVETRSITY  
SUMMER-HILL, SHIMLA-5

RECEIPT OF TROPHY

Inter College Winner / Runner’s Up /Third Place trophy received in the

Game of \_\_\_\_\_ for the session / Year \_\_\_\_\_

From Himachal Pradesh University Sports & Co-Curricular Activities Council through  
Host College.

Date of Tournament \_\_\_\_\_

SIGNATURE

Name of the Manager \_\_\_\_\_

Designation \_\_\_\_\_

NAME OF THE COLLEGE \_\_\_\_\_

COUNTER SIGNATURE  
ORGANIZING SECRETARY

REMARKS IF ANY \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_