



KERALA UNIVERSITY OF HEALTH SCIENCES

MEDICAL COLLEGE. P.O, THRISSUR, KERALA-680596

ELIGIBILITY PERFORMA FOR TOURNAMENTS FOR THE YEAR

NAME OF THE TOURNAMENT: SECTION..... NAME OF THE TEAM MANAGER: DEESIGNATION:

NAME OF THE COACH DESIGNATION: DATE OF TOURNAMENT:VENUE:

.....NAME OF THE PARTICIPATING COLLEGE: ZONE:

| SL NO | Name | Father's Name | Mother's Name | University Reg.No | Date: of Birth | Date & year of passing,qualifying examination for first admission to a college/ university | Present class | Roll no | Name of the present course | Duration of present course | Date and year of admission | | Remark |
|-------|------|---------------|---------------|-------------------|----------------|--|---------------|---------|----------------------------|----------------------------|----------------------------|-----------------------|--------|
| | | | | | | Date& year name of the exam | | | | | To the university | To the present course | |
| 1 | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | |

PLACE:

DATE: _____ NAME & SIGNATURE OF H.O.D. PHY.EDU. _____ (OFFICE SEAL) _____ NAME & SIGNATURE OF PRINCIPAL _____

CONVENOR MUST CHECK THE FOLLOWING: -

1. ELIGIBILITY IS LEGIBLE AND ENSURE NO CORRECTION.
2. FOUND SIGNATURE WITH NAME SEAL OF THE AUTHORIZED PERSON.
3. STUDENT IDENTITY IS VERIFIED AND CROSS CHECKED WITH UNIVERSITY ID CARD.

CHECKED AND VRIFIED BY _____ NAME AND SIGNATURE OF THE CONVENOR _____