

Shri Chhatrapati Sambhaji Shikshan Santha's  
**Sitabai Thite College of Pharmacy (Poly), Shirur, Dist-Pune.**  
**“2<sup>ND</sup> STATE LEVEL STCOP PHARMA CUP 2013”**

Schedule date - 23<sup>rd</sup> to 27<sup>th</sup> December 2013.

Venue - Sitabai Thite College of Pharmacy, Shirur, Dist. -Pune.

Contact No. - 02138- 222688 / 222680

Fax No. - 02138-222680

Entry fee - Rs. 1000 per team. Draw D.D.in favor of “The Principal, Sitabai Thite college of Pharmacy (Poly)” Payable at Shirur, Dist.-Pune.

Last date of entry - 10<sup>th</sup> December 2013.

***PRIZES:-***

- Winning team – Pharma-cup + 5001/-
- 1 Runner up team – Trophy + 3001/-
- 2 Runner up team – Trophy + 2001/-
- 3 Runner up team – Trophy + 1501/-
- Man of the tournament – Trophy + 501/-

***All participants will receive certificates for their participation.***

**Instruction –**

1. Only regular students can participated in this tournament (**Fail, Pass out & Outsider not allowed**).
2. The identity card is necessary of all the participants.
3. Participation is only for D.Pharm. & B.Pharm. Team (**No PG / Pharm D. Students Allowed**).
4. We restricted tournament for 16 D.Pharm. &16 B.Pharm. Teams on priority basis of registration.
5. Reporting time for each team is on respective dates, at 8:00 am.
6. The final lots of the tournament will be displayed on 20<sup>th</sup> December 2013.
7. **Uniform (kit) should be compulsory for all teams.**
8. The tournament will be played on knock - out and one half system basis.
9. The team of 13 players &1 sports In-charge is considered for registration.
10. Organizing committee will be provided tea at 8-9 am. & lunch at 12-2 pm.
11. The detail rules can be hand over during match.
12. All the rights regarding tournaments are reserved with the organizers.
13. The Photos of Players in Bio-data should be attested by Principal.

## Acceptance letter

To,  
The Principal,  
Sitabai Thite College of Pharmacy (Poly)  
Shirur, Dist. Pune.

Sir,

We would like to participate in this event of **2<sup>nd</sup> STATE LEVEL STCOP PHARMA CUP** and we are sending here with D.D. of Rs. 1000/- ( One Thousand Rupees Only) Dated..... and D.D. No..... .We agree to abide with all the rule and regulation of the tournament and organizing committee. We are sending our college team on our own responsibility.

Name of college:- .....

.....

.....

Thanking you,

Yours Truly

Seal of institute

Sports In-charge

Principal

## Registration Form For Cricket Tournament

Name of the institute :- .....

Address :- .....

Telephone No. :- .....

Email of the institute :- .....

Name of sports in charge:- .....

Address :- .....

Contact No. :- .....

Email :- .....

Total No. of participants:- .....

Sr.No	Name of students	Date of birth	Age	Course & year	Sign
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Seal of institute

Sports In-charge

Principal

Note: - Please send acceptance letter, Bio-data of participants and entry fees along With registration form before 10<sup>th</sup> Dec 2013 on college address.

# “2<sup>ND</sup> STATE LEVEL STCOP PHARMA CUP 2013”

Organized by

Sitabai Thite College of Pharmacy (Poly), Shirur, Dist-Pune.

## BIO-DATA OF PLAYER

1. Name of player :-.....

Date of birth :- .....

Course & year :- .....

**Photo**

2. Name of player :-.....

Date of birth :- .....

Course & year :- .....

**Photo**

3. Name of player :-.....

Date of birth :- .....

Course & year :- .....

**Photo**

4. Name of player :-.....

Date of birth :- .....

Course & year :- .....

**Photo**