



KSLU INTERCOLLEGIATE TOURNAMENT 2023-24

ATTENDANCE



Organizing College:

Game:

Date:

Participating College:

Name of the Manager:

Cell No.:

SL	NAME	CLASS	Day I / Dt:	Day 2 / Dt:	Day 3 / Dt:	Day 4 /Dt:
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						

This is to certify that the Students are present for the above said Tournament.

**Selection Committee
Members**

**Sports Advisory
Committee Member**

**Host
Principal**

**Director, Physical Education
KSLU, Hubballi**