



KSLU INTER COLLEGIATE TOURNAMENT 2017-18

ATTENDANCE

Organizing College:

Participating College:

Game:

Name of the Manager:

Date:

Cell:

SL	NAME	CLASS	DAY I / Date	DAY II / Date	DAY III / Date	REMARKS
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**