

SPORTS COUNCIL

SAMBALPUR UNIVERSITY

JYOTI VIHAR, BURLA

Sambalpur – 768019(Odisha)

E-mail : sportscouncil.sambalpuruniv@gmail.com

sportsofficer@suniv.ac.in



Prof. (Dr.) Debendra Kumar Mahalik

Secretary, Sports Council

Mob. No- 7978773096

No.: 029/2 /Sports Council

Date: 4/9/25

To

1. The Director/Principal, All Medical Colleges/Nursing Colleges/Physiotherapy Colleges/Homeopathy Colleges/Ayurvedic Colleges/Pharmacy Colleges Affiliated to Sambalpur University
2. The Principal, All Teachers' Education Training Colleges Affiliated to Sambalpur University

Subject: Submission of Resume of Physical Education Teacher / PE Lecturer / Sports Trainer / Coach / Physiotherapist of your institution

Dear Sir/Madam,

With reference to the subject cited above, this is to inform all concerned that the resumes (form attached) of Physical Education Teachers, PE Lecturers, Sports Trainers, Coaches, and Physiotherapists of your respective colleges/institutions may kindly be filled in the prescribed format and submitted to the undersigned on or before **15/09/2025** through the email - sportscouncil.sambalpuruniv@gmail.com.

This is required for better coordination during the upcoming **Inter-College** and **AIU (Association of Indian Universities)** tournaments, and for the possible hiring of Coaches and Managers to represent the university in various national-level Games and Sports competitions.

We look forward to your prompt cooperation and a positive response at your earliest convenience.

Thanking you

Yours faithfully

A handwritten signature in black ink, appearing to be 'D. Mahalik', with the date '3/9/25' written below it.

Secretary, Sports Council

Encl- Resume Application

8. Highest Sports Achievements as a Player

- a.
- b.
- c.
- d.

9. Experiences/Achievements as an Official-

- a.
- b.
- c.
- d.
- e.
- f.

10. Professional Experiences/ knowledge in Game & Sports Activities-

- a.
- b.
- c.
- d.

11. Any Other-

- a.
- b.
- c.
- d.

Signature of the Person

Signature of the Principal with seal

N.B- Relevant documents must be attached

Name & Contact Details of Sports in Charge/ Vice- President/ Principal

Name -

Mob. No-

WhatsApp No-

College mail id-

RESUME

1. Name of the College -
2. Name of the P.E. Lecturer/Teacher/
Sports Trainer / Coach
3. Date of Birth -
4. Contact No -
5. Specializations (Games & Sports)-
 - a.
 - b.
 - c.

Gender-

E. Mail Id-

6. Educational Qualifications-

Exam	Year of Passing	Name of the College	Name of the University	Percentage of Marks
Graduation				
CPEd				
BPEd				
MPed				
PhD				

7. Extra Qualifications

Exam	Year of Passing	Name of the Institution/Association