DEPARTMENT OF PHYSICAL EDUCATIONAND SPORTS SCIENCE
FACULTY OF EDUCATION
UNIVERSITY OF KALYANI

From:
Prof. Sandip Sankar Ghosh
Head & Director (Ex-officio)

Kalyani - 741235, West Bengal
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CIRCULAR

Ref. No.: **Date:**

To:
The Principals / Directors / Heads
All Affiliated Colleges & Academic departments
University of Kalyani, Kalyani, Nadia

Subject: Commencement of University of Kalyani Badminton Coaching Camp (UKBCC)

Respected Sir,

We are pleased to inform you that the University of Kalyani Sports Division is going to organize a round the year **Badminton Coaching Camp** for both men and women students of all affiliated colleges and academic departments. This intensive training program aims to identify promising talents, upgrade technical skills, and prepare the players for upcoming various tournaments.

Camp Details

- **A selection trial cum screening will be held on 01.09.2026 at 11:00 am onwards.**
- **Venue:** University Indoor Badminton Hall.
- **Eligibility:** Bonafide students (Men & Women) of affiliated colleges and academic departments.
- **Requirements:** Players must carry their **personal badminton rackets, shuttle cock and mandatory indoor non-marking shoes.**
- **Submission Deadline:** The enclosed fill up registration form, duly signed by the competent authority, must reach to the undermentioned office by **August 31, 2026.**
- **No TA, DA or other financial assistance will be provided for this coaching camp.**

We request you to circulate this notice widely among your students and encourage your players for this high-performance camp.

For any queries regarding scheduling or other related matters please contact with the Camp Co-ordinator Dr. Suman Chandra Roy (8240060651).

With regards,

20.08.2026

(Prof. Sandip Sankar Ghosh)
Head & Director (Ex-Officio)
Department of Physical Education
And Sports Science
University of Kalyani

Encl.: Copy of registration form.

REGISTRATION FORM

University of Kalyani Badminton Coaching Camp (UKBCC)

PHOTO

Attested

1. Personal Details

Full Name: _____

Date of Birth _____ Age: _____ Blood Group:_____

2. Academic Details

Name of the College / University Department:_____

Present Course: _____ Subject:_____

Semester/Year: _____University Roll/Reg No:_____

3. Contact Information

Mobile Number: _____Email ID: _____

4. Sports Background

Playing Style: Singles / Doubles / Both Dominant Hand: Right-handed / Left-handed

Highest level of previous participation: _____

5. Declaration

I hereby declare that, I am physically fit to participate in the intensive training sessions of the Badminton Coaching Camp. I will abide by all the rules and discipline of the university sports.

Signature of the Student: _____

Date: _____

College or Departmental Authority Verification

This is to certify that, Mr./Ms. _____ is a bonafide student of our college/department and is nominated to selection trial process at the university.

Principal / HOD / Director