OFFICE OF THE

DIRECTOR OF STUDENTS WELFARE : BODOLAND UNIVERSITY

Debargaon, P.O. Rangalikhata
Kokrajhar – 783370, BTAD, Assam.

Tel./Fax No. 03661-259015 (O)
+919101014271 (M)
dswbuniv@gmail.com

No. BU/DSW/AIU-Sports/2018/33/ 3466

Dated: 18th February,2026

Notification

It is notified for information to all concerned that the selection trial of following events will be held according to the following date. Interested regular students of college/institutions affiliated to Bodoland University and intending to represent the University team in All India Inter-University Championships entrusted by Association of Indian Universities (AIU) may participate in the trial on the mentioned date:

Sl. No.	Event	Date of selection trial	Venue	Time
1.	Wushu (M&W)	06-03-2026	Bodoland University	10:00 AM onwards

The information regarding the tournaments will be updated in our website www.buniv.edu.in

***The details of participation with names and events must reach to the undersigned through email- dswbuniv@gmail.com duly forwarded by the Principal in the prescribed format as attached on or before 28th February, 2026.

Note: The following documents should be submitted during the trial for verification.

1. He must be a regular student of under graduate/Post-graduate classes.
2. The students should not exceed 25 years of age (proof of age of H.S.L.C must be submitted)
3. The student should bring updated identity card.
4. No objection certificate from Head of the Institution.
5. The student of undergraduate classes must bring H.S.L.C & H.S passing certificate and PG classes must bring H.S.L.C, H.S & B.A passing certificate.
6. The students must bring Aadhar card.
7. Photostat copy of Sports Affiliation payment proof.

Director of Students Welfare

Memo No. BU/DSW/AIU-Sports/2018/33/ 3466-A

Dated: 18th February, 2026

Copy forwarded for kind information to:

1. The PS to Vice Chancellor, Bodoland University
2. The PS to Registrar, Bodoland University
3. Principal, All Affiliated Colleges of Bodoland University.
4. The Members of the Bodoland University Students Union (BUSU)
5. The System Administrator, Bodoland University, with a request to upload in the BU website
6. File

(Dr. Prahlad Basumatary)
Director of Students Welfare
Bodoland University

Bodoland University, Selection Trial for WUSHU Event (MEN/WOMEN) for Participation in AIIU WUSHU Championships-2026

FINAL ENTRY FORM

(SANDA COMPETITION FOR – MEN)

College: _____

Team Manager : _____Mobile no: _____

Team Coach : _____ Mobile No : _____

Competitors (All names in capital letters. Please underline the surname)

Sl. No.	Competitors Name (Underline surname)	Date of Birth	Father's Name	Category	(FOR OFFICIAL USE ONLY	
					ACTUAL WEIGHT	SIGNATURE
1				**Below 48 kg**		
2				**Below 52 kg**		
3				**Below 56 kg**		
4				**Below 60 kg**		
5				**Below 65 kg**		
6				**Below 70 kg**		
7				**Below 75 kg**		
8				**Below 80 kg**		
9				**Below 85 kg**		
10				**Below 90 kg**		
11				**Below 90+ kg**		
12				**Below 95+ kg**		

Bodoland University, Selection Trial for WUSHU Event (MEN/WOMEN) for Participation in AIIU WUSHU Championships-2026

FINAL ENTRY FORM

(SANDA COMPETITION FOR – WOMEN)

College: _____

Team Manager : _____Mobile no: _____

Team Coach : _____ Mobile No : _____

Competitors (All names in capital letters. Please underline the surname)

Sl. No.	Competitors Name (Underline surname)	Date of Birth	Father's Name	Category	(FOR OFFICIAL USE ONLY	
					ACTUAL WEIGHT	SIGNATURE
1				**Below 45 kg**		
2				**Below 48 kg**		
3				**Below 52 kg**		
4				**Below 56 kg**		
5				**Below 60 kg**		
6				**Below 65 kg**		
7				**Below 70 kg**		
8				**Below 75 kg**		

Bodoland University, Selection Trial for WUSHU Event (MEN/WOMEN) for Participation in AIIU WUSHU Championships-2026

FINAL ENTRY FORM
(TAOLU OPTIONAL EVENT FOR MEN)

College: _____

Team Manager : _____Mobile no: _____

Team Coach : _____ Mobile No : _____

Competitors (All names in capital letters. Please underline the surname)

Sl. No.	Competitors Name	Sex	Date of	Father's Name	Events Names
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Name of Duilian Events (Men)	**Athlete's Name**
Name of Duilian Events (Women)	**Athlete's Name**
Name of Group Events (Men/Women)	**Athlete's Name**

Events Name (i) Taolu Regular Events: Chanquan, Daoshu, Jianshu, Gunshu, Qiangshu, Nanquan, Nando, Nangun, Taijiquan, Taijijian, Xingyiquan, Shuangdao, (ii). Duilian. (iii) Group Event.

Bodoland University, Selection Trial for WUSHU Event (MEN/WOMEN) for Participation in AIIU WUSHU Championships-2026

FINAL ENTRY FORM
(TAOLU OPTIONAL EVENT FOR WOMEN)

College: _____

Team Manager : _____Mobile no: _____

Team Coach : _____ Mobile No : _____

Competitors (All names in capital letters. Please underline the surname)

Sl. No.	Competitors Name	Sex	Date of	Father's Name	Events Names
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
Name of Duilian Events (Men)		**Athlete's Name**			
Name of Duilian Events (Women)		**Athlete's Name**			
Name of Group Events (Men/Women)		**Athlete's Name**			

Events Name (i) Taolu Regular Events: Chanquan, Daoshu, Jianshu, Gunshu, Qiangshu, Nanquan, Nando, Nangun, Taijiquan, Taijijian, Baguazhang, Shuangjian (ii). Duilian. (iii) Group Event.

Bodoland University, Selection Trial for WUSHU Event (MEN/WOMEN) for Participation in AIIU WUSHU Championships-2026

FINAL ENTRY FORM
(TRADITIONAL EVENT MEN AND WOMEN)

College: _____

Team Manager : _____Mobile no: _____

Team Coach : _____ Mobile No : _____

Competitors (All names in capital letters. Please underline the surname)

Sl. No.	Competitors Name	Sex	D.O.B.	Father's Name	Events Names
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Name of Group Events (Men/Women)	**Athlete's Name**

Events Name : Taijiquan Type Events: (Event), Nanquan Type Events: (Event), Other Style Events: (Event), Single Weapon Routines: (Event), Double Weapon Routines: (Event), Flexible/Soft Weapon Routines: (Event), Group Event.

Bodoland University, Selection Trial for WUSHU Event (MEN/WOMEN) for Participation in AIIU WUSHU Championships-2026

WAIVER OF LIABILITY (SANDA/TAOLU)

College : _____
Name of Participant : _____
Date of Birth : _____ Sex _____
Status : _____

Athlete* *Team Manager**Team Coach

I, ……..the undersigned, knowingly and without submitting my entry to the Selection Trial for WUSHU event (Men/Women) for participation in AIIU WUSHU Championship (2026) accepting my application. I hereby assume all risk of physical and mental injuries, Bodoland University Trial selection. The Selection Trial for WUSHU event for participation in AIIU WUSHU championship is hosted by Bodoland University Kokrajhar. I do hereby release the organizing committee, System Administrator, representative, Bodoland University Student Union Body and other related member from all claims action, suits and controversies at law or in equity or by reason of any matter, cause or things whatsoever that I may sustain as a result of or in connection with my participation in the Bodoland University, Selection Trial for WUSHU Event. I fully understand that all medical attention or treatment afforded to me by the Association of Indian Universities it's organizing committee, System Administrator, representative, Bodoland University Student Union Body and other related members will be of the first aid only, and hereby release members from any liability for such aid. I understand it is my obligation to obtain medical coverage.

I agree to abide by and follow the rules established by the Association of Indian Universities and I understand that my protest must be conducted in accordance with the rules of Arbitration.

I agree that my performance, attendance and participation at the Bodoland University Selection Trial for WUSHU Event may be filmed or otherwise recorded or released or telecast live. I consent to use Association Indian Universities my name, Address, voices, poses, pictures and biographical data connecting full or parts in any form or language, with or without other material, thought the world without limitation, for television, radio, video, theatrical, medium picture, or any other medium by any devises now known or hereafter devised and I do hereby waive any computation in regard thereof as well as any future rights to the aforementioned.

I have read and fully understand the waiver listed above.

(Signature of Parents or legal Guardian is required if participants is under 25)

Signature of Participant

Signature of Parent

Date .....

ELIGIBILITY PROFORMA FOR SELECTION TRIALS FOR INTER UNIVERSITY TOURNAMENT 2024

Name of the Event

Section :

Name of the Coach :
Name of the Manager :

Status :
Status :

Name of the Host University : Bodoland University

Date;

Name of the Participating Institution :

YEAR 2024-25

S.No	Name of Sportsperson	Father's Name	Mother Name	Date of Birth	College in which studying	Date & Year of Passing Qualifying Examination for First Admission to a College/ University		Present Class	Name of the Present Course	Dura - tion of Course	Date & Year of First Admission to		Number of years of previous participation while pursuing		Aadhaar No.
						Name of Exam	Date & Year				Univ	Present Course	Graduat e Course	P.G. Course	
1															
2															
3															
4															
5															
6															
7															
8															

Seal of the Institution/College _____ **Signature of the Principal/Secretary, Sports Committee** _____

Name of College:
Event:

Participants list

Sl.No.	Name of players	Date of Birth	Gender	Event/Category