



GONDWANA UNIVERSITY, GADCHIROLI

(Established by Government of Maharashtra Notification No. MISC -2007/(322/07) UNI -4 Dated 27th Sept. 2011 & Presently a State University governed by Maharashtra Public University Act, 2016 (Maharashtra Act No. VI of 2017))

Office of the Director Students' Development

Dr. Priya Gedam

Director Students' Welfare (I/c.)

Ph. No. - 07132-223320

MIDC Road, Complex, GADCHIROLI - 442 605 (M.S)

web: unigug.org/ gondwana.digitaluniversity.ac

Email: nssdsw.gug@gmail.com

पत्र क्र. No. GU/DSW / 424/2024

Dt: 10/01/2024

प्रती

मा. प्राचार्य
संलग्न यादीतील महाविद्यालय
गोंडवाना विद्यापीठ, गडचिरोली

विषय:- राज्यस्तरीय संशोधन उत्सव अविष्कार २०२३ करिता दि. ११/०१/२०२४ रोजी दूपारी ०२.०० वाजता गोंडवाना विद्यापीठ, गडचिरोली येथे उपस्थित राहण्याबाबत.

महोदय/महोदया,

उपरोक्त विषयान्वये आपणास कळविण्यात येते कि, राज्यस्तरीय संशोधन उत्सव अविष्कार २०२३ चे आयोजन महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक येथे दि. १२ ते १५ जानेवारी २०२४ या कालावधी मध्ये आयोजित करण्यात आले आहे. त्या अनुषंगाने संलग्न यादीतील विद्यार्थ्यांनी नाशिक येथे जान्य करिता दि. ११/०१/२०२४ रोजी दूपारी ०२.०० वाजता गोंडवाना विद्यापीठ, गडचिरोली येथे उपस्थित राहावे व येतांना विद्यार्थ्यांनी संलग्नीत केलेले दस्तावेज सोबत घेउन येणे अनिवार्य आहे. व एक वेळचे जेवनाचा डबा घेउन यावे ही, विनंती.

धन्यवाद!


(डॉ. प्रिया गेडाम)

संचालक

विद्यार्थी विकास विभाग
गोंडवाना विद्यापीठ, गडचिरोली.

- अधिक सहतिकरिता -

1. Dr. vikas Purse - 8600508287

2. Dr. S. Hajare - 8698643269

3. Dr. Arnel Cherkhan - 8806383115



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Dt: 01/01/2024

-: NOTIFICATION :-

AVISHKAR - 2023

Shortlisted Participant for

Maharashtra State Inter-University Research Convention

Humanities Languages, Fine Arts

UG

1. Kiram P. Mohurle :- Dr. Ambedkar College Chandrapur.
2. Payal K. Kamdi :- Yadvrao Poshetiwar Art & Comm. College Talodhi

PG

1. Shweta Bobade :- Dr. Ambedkar College Chandrapur.
2. Tejwini B. Borkar :- Yadvrao Poshetiwar Art & Comm. College Talodhi

PPG

1. Shrikant G. Sao :- Sardar Patel College Chandrapur.
2. Shweta G. Gundanwar :- Sardar Patel College Chandrapur.

Commerce, Managements, Law

UG

1. Arya A. Thawarw :- Mahatma Gandhi College Armori
2. Vibhav C. Bhojar :- Mahatma Gandhi College Armori

PG

1. Sakshi Gonnade :- Sardar Patel College Chandrapur.

Pure Sciences

UG

1. JayashriPradham :- Adarsh Arts & Com. Sci. College DesaiganjWadsa
2. Divya V. Bawane :- Mahatma Gandhi College Armori

PG

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| 1. Aditya S. Balchane | :- | Sardar Patel College Chandrapur |
| 2. ShravitTupkar | :- | Dr. Khari College Tukum |

PPG

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|-------------------|----|-------------------------|
| 1. Nilesh G. Gode | :- | R.M.G. College Nagbhid |
| 2. RoshaniMashke | :- | N.H. College Brahmapuri |

Agriculture and Husbandry

UG

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| 1. Sushima Timade | :- | Chintamani College of Art & Sci. College Gondpipari |
| 2. SumitKumar Pandey | :- | Mahatma Gandhi College of Sci. Gadchandur. |

PG

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| 1. Payal S. Thikare | :- | Dnyanesh College Navargav |
| 2. Ashwini P. Zode | :- | Dnyanesh College Navargav |

PPG

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| 1. Leena K. Rahangadde | :- | Sardar Patel College Chandrapur. |
| 2. AngrajParvate | :- | Dnyanesh College Navargav |

Engineering And Technology

UG

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| 1. Devendra D. Gonde | :- | Sardar Patel College Chandrapur. |
| 2. Sakashi A. Nikure | :- | Chintamain College of art & sci. Chandrapur. |

PG

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| 1. Pragati H. Wakadkur | :- | Dr.Kharti College Chandrapur. |
| 2. Rima L. Gautam | :- | Sardar Patel College Chandrapur. |

PPG

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| 1. SamirkumarBhelave | :- | N.H. College Bramhpuri |
| 2. Karuna C. Khobragade | :- | Sardar Patel College Chanrapur. |

Medicine And Pharmacy

UG

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| 1. Anal P. Nagrale | :- | Gramgeeta College Chimur |
| 2. Koustubh B. Khandait | :- | Sardar Patel College Chandrapur |

PG

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| 1. Prachi S. Dhargave | :- | Dr. Khatri College Tukum |
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PPG

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| 1. Kishor S. Itankar | :- | N.H. College Bramhpuri |
|----------------------|----|------------------------|

**16th Aavishkar: Maharashtra State Inter-University Research Convention:
2023-24**

Organized by

Maharashtra University of Health Sciences, Nashik

January 12-15, 2024

Documents to be Submitted at the Registration Desk

Level: UG

- 1) Printout of Information of the Participants, Research Projects and Mentors (Downloaded from the Registration Portal) (Original)
- 2) Identity Card of the Current Academic Year (Original)
- 3) Identity Card of the Current Academic Year (Attested Photocopy)
- 4) Fees Receipt of the Current Academic Year (Original)
- 5) Fees Receipt of the Current Academic Year (Attested Photocopy)
- 6) School Leaving Certificate or SSC Certificate or Birth Certificate (Attested Photocopy)
- 7) 12th Class / HSC Marksheet (Attested Photocopy)
- 8) Mark Sheet/s of Previous Semester Examinations (Attested Photocopy/ies)
- 9) Undertaking by the Participating Student (Original) (**Annexure 3**)
- 10) Responsibility Certificate (Original) (**Annexure 4**)
- 11) Bonafide Certificate (Original) (**Annexure 5**)
- 12) Physical Fitness Certificate (Original) (**Annexure 6**)
- 13) Verification Certificate (Original) (**Annexure 7**)

**16th Aavishkar: Maharashtra State Inter-University Research Convention:
2023-24**

Organized by

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January 12-15, 2024

Documents to be Submitted at the Registration Desk

LEVEL: PG

- 1) Printout of Information of the Participants, Research Projects and Mentors (Downloaded from the Registration Portal) (Original)
- 2) Identity Card of the Current Academic Year (Original)
- 3) Identity Card of the Current Academic Year (Attested Photocopy)
- 4) Fees Receipt of the Current Academic Year (Original)
- 5) Fees Receipt of the Current Academic Year (Attested Photocopy)
- 6) School Leaving Certificate or SSC Certificate or Birth Certificate (Attested Photocopy)
- 7) 12th Class / HSC Marksheet (Attested Photocopy)
- 8) Mark Sheet/s of Previous UG Semester Examinations (Attested Photocopy/ies)
- 9) Mark Sheet/s of Previous PG Semester Examinations (Attested Photocopy/ies)
- 10) Undertaking by the Participating Student (Original) (**Annexure 3**)
- 11) Responsibility Certificate (Original) (**Annexure 4**)
- 12) Bonafide Certificate (Original) (**Annexure 5**)
- 13) Physical Fitness Certificate (Original) (**Annexure 6**)
- 14) Verification Certificate (Original) (**Annexure 7**)

16th Aavishkar: Maharashtra State Inter-University Research Convention: 2023-24

Organized by

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January 12-15, 2024

Documents to be Submitted at the Registration Desk

LEVEL: PPG

- 1) Printout of Information of the Participants, Research Projects and Mentors (Downloaded from the Registration Portal) (Original)
- 2) Identity Card of the Current Academic Year (Original)
- 3) Identity Card of the Current Academic Year (Attested Photocopy)
- 4) Fees Receipt of the Current Academic Year (Original)
- 5) Fees Receipt of the Current Academic Year (Attested Photocopy)
- 6) Mark Sheet of UG Last Semester Examination (Attested Photocopy)
- 7) Mark Sheet of PG Last Semester Examination (Attested Photocopy)
- 8) Research Programme Selection Committee Report of College/Institute/Department (Attested Photocopy)
- 9) Research Programme Scheme/Topic Approval Letter of the University (Attested Photocopy)
- 10) Research Programme Registration Certificate/Letter of the University (Attested Photocopy)
- 11) Undertaking by the Participating Student (Original) (**Annexure 3**)
- 12) Responsibility Certificate (Original) (**Annexure 4**)
- 13) Bonafide Certificate (Original) (**Annexure 5**)
- 14) Physical Fitness Certificate (Original) (**Annexure 6**)
- 15) Verification Certificate (Original) (**Annexure 7**)

Annexure No. 3

Undertaking by the Participating Student

(To be given by the Participating Student)

I, undertake to state that, in consideration of my being nominated at my request to participate in Aavishkar: Maharashtra State Inter-University Research Convention to be held at following Host University as per following dates at my own risk.

Name of the Host University	Maharashtra University of Health Sciences, Nashik
Dates of the Convention	January 12 – 15, 2024

I undertake and agree that, neither I nor my Parent / Executor / Administrator / Mentor / Teacher / Principal will make any claim against any Officers of the University (Organizing / Participating) and/or Principal / Director / Head / Mentor / Teacher / Staff in respect of any loss or injury to the property or person (including injury resulting in death), which may suffer while participating in Aavishkar: Maharashtra State Inter-University Research Convention.

I, further undertake to state that I shall be abiding by all RULES and REGULATIONS (Guidelines) of the Aavishkar: Maharashtra State Inter-University Research Convention and shall be liable for strict disciplinary action for violation of the same.

Name of the Student Participant	
Name of the University	
Category	
Level	
Mobile No. of the Student Participant	
Date	
Signature of the Student Participant	

Annexure No. 4

Responsibility Certificate

(To be given by the Parent / Guardian of the Participating Student)

I agree, as a responsible person, that my Son/Daughter/Ward is being allowed to participate in Aavishkar: Maharashtra State Inter-University Research Convention to be held at following Host University as per following dates at my own risk.

Name of the Host University	Maharashtra University of Health Sciences, Nashik
Dates of the Convention	January 12 – 15, 2024

If any accident or death occurs during this convention, I or any of my relation of legal heir will not demand any claim from State Government / Raj Bhavan / University (Organizing/Participating) / Department / Institute / College and Officials of the University (Organizing/Participating), Principal / Director / Head / Mentor / Teacher / Staff on account of my Son/Daughter/Ward being a part this convention.

Name of the Parent / Guardian	
Mobile No. of the Parent / Guardian	
Name of the Student Participant	
Mobile No. of the Student Participant	
Name of the University	
Category	
Level	
Date	
Signature of the Parent / Guardian	

Annexure No. 5

Bonafide Certificate

(To be given by the Principal of the College / Director of the Institute /
Head or Director of the Academic Department of the Participating University)

It is certified that the student mentioned below is the bonafide student of our
College/Institute/Department. He/She is a regular student in the current academic year.

Name of the Student Participant	
Name of the College / Institute / Department of the Student Participant	
Name of the University	
Mobile No. of the Student Participant	
Programme	
Semester	
Specialization	
PRN No. / Registration No. given by the University	
Roll No.	

Date:

(Seal of the
College/Institute/
University Department)

Place:

Signature of the
Principal of the College /
Director of the Institute /
Head or Director of the
Academic Department
of the Participating
University

Annexure No. 6

Physical Fitness Certificate (To be given by the Medical Practitioner)

I do hereby certify that, I have examined the below mentioned person and find him/her fit for participation in Aavishkar: Maharashtra State Inter-University Research Convention. He/She is not suffering from any communicable or chronic disease, which may cause any hindrance due to his/her participation in Aavishkar: Maharashtra State Inter-University Research Convention.

Name of the Student Participant	
Mobile No. of the Student Participant	

Name of the Medical Practitioner	
Address of the Medical Practitioner	
Contact No. of the Medical Practitioner	

Date:

Place:

Signature of the
Medical Practitioner with
Seal and Registration No.

Annexure No. 7

Verification Certificate

(To be given by the Director, Students' Development/Welfare or
Director, Innovation, Incubation and Linkages of the Participating University)

It is certified that the student mentioned below is a bonafide student of the below mentioned College/Institute/Department of the University.

Name of the Student Participant	
Name of the College / Institute / Department of the Student Participant	
Name of the University	
Mobile No. of the Student Participant	
Programme	
Semester	
Specialization	
PRN No. / Registration No. given by the University	
Roll No.	
Category	
Level	

The information and documents provided by the student participant are verified by me and they are found correct.

Date:

(Seal of the
Department)

Place:

Signature of the
Director, Students'
Development/Welfare or
Director, Innovation, Incubation
and Linkages of the
Participating University