

### **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	
Dates of the Convention	

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	
Dates of the Convention	

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)

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

Place:

## **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:

Signature of the  
Medical Practitioner with  
Seal and Registration No.

Place:

## **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