

BONAFIDE CERTIFICATE

It is certified that the Mr./Ms. _____ is a bonafide student of the _____ College/Institution and He /She is a regular student from the year _____.

Signature of the Principal

College Seal

CERTIFICATE OF MEDICAL/PHYSICAL FITNESS

Signature of the candidate:

.....

I do hereby certify that, I have examined the above signed person Mr. / Ms. _____ and find him/her fit for participating in the state level research convention. The candidate is not suffering from any Communicable or chronic disease, which may cause any hindrance due to his/her participation in the above mentioned program.

Signature of the Medical Officer _____

Seal

Address with Contact No. _____

Date: _____

VERIFICATION CERTIFICATE

This is to certify that, Mr./Ms. _____ is a bonafide student of _____ College of _____ the information provided in the registration form by the participant and all the certificates signed by him/her, Parents, Principal and Medical Officer are endorsed by me as an Officer of the University.

Signature of Competent Authority _____

University Seal

Date: _____

5.4 Commitment Certificates

(Jointly signed by Participant/Parents)

UNDERTAKING BY THE PARTICIPATING STUDENT

I, undertake to state that, in consideration of my being nominated at my request to participate in Avishkar to be held at **Gondwana University, Gadchiroli** from **January 15, 2019** to **January 18, 2019** at my own risk.

I undertake and agree that, neither I nor my executor/administrator will make any claim against any officer of the University/Principal in respect of any loss or injury to the property or person (including injury resulting in death), which may suffer while participating in AVISHKAR.

I, further undertake to state that I shall be abiding by all rules & regulations of the Research Convention and shall be liable for strict disciplinary action for violation of the same.

Signature of the Student

Date: _____

RESPONSIBILITY CERTIFICATE

I agree, as a responsible person, that my Son/Daughter/Ward is being allowed to participate in the above mentioned Research Convention to be held at **Gondwana University, Gadchiroli** from **January 15, 2019** to **January 18, 2019** at my own risk. If any accident or death occurs during this program, I or any of my relation of legal heir will not demand any claim from State Govt. /University /College, on account of my Son/Daughter/Ward being a part this convention.

Signature of Parent/Guardian

Date: _____