



Sagar Bahhuddeshiya Shikshan Sansthas

# Sagar B.C.A. College

Principal

President

Secretary

| Dr.V.V. Mahajan | Mr.S.B.Tanpure | Mrs.P.M.Tarakh |

९ Devmurti Tq.Dist.Jalna | ९9423748305, 9359532363

Ref No:

Date: 11/11/2024

सूचना

युवा महोत्सव 2024

डॉ बाबासाहेब आंबेडकर मराठवाडा विद्यापीठ संभाजी नगर अंतर्गत युवा महोत्सव 2024 चे आयोजन करण्यात आले आहे तरी आपले नाव नोंदणी करण्याचे १४/१२/२०२४ शेवट ची तारीख आहे.

सर्व विद्यार्थ्यांनी लक्ष घावे!

आमचा वार्षिक युवा महोत्सव अगदी जवळ आला आहे, जो संगीत, नृत्य, कला, नाटक आणि बरेच काही यासह विविध श्रेणींमध्ये तुमची प्रतिभा प्रदर्शित करण्यासाठी एक दोलायमान व्यासपीठ प्रदान करतो!

एकल गायन

ग्रुप डान्स

वाद्य संगीत

चित्रकला

शॉर्ट फिल्म मेकिंग

वादविवाद

भाग घेणाऱ्या विद्यार्थ्यांना सहभाग प्रमाणपत्र मिळणार आहे तसेच पारितोष मिळणार आहे

सोबत जोडलेली pdf मध्ये सविस्तर माहिती आहे ती पाहावी.

PRINCIPAL

Sagar BCA College  
Preshanti Nagar, Jalna



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Sagar Bahhuddeshiya Shikshan Sansthas

# Sagar B.C.A. College

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President

Secretary

| Dr. V.V. Mahajan | Mr. S.B. Tanpure | Mrs. P.M. Tarakh |

9 Devmurti Tq. Dist. Jalna | 9423748305, 9359532363

Ref No: 2024-25/16

Date: 16/12/2024

प्रति,

मा, संचालक,

विद्यार्थी विकास मंडळ,

डॉ. बाबासाहेब आंबेडकर मराठवाडा विद्यापीठ,

छत्रपती संभाजीनगर,

विषय: सहभागी विद्यार्थ्यांचे फॉर्म व इतर कागदपत्रे स्विकारणे बाबत.

महोदय,

केंद्रीय युवक महोत्सव २०२४-२५ साठी आमच्या सागर बी सी ए

महाविद्यालयातून विद्यार्थ्यांनी सहभाग घेतलेला आहे. तरी आम्ही यशस्वी रीत्या

ऑनलाईन फॉर्म भरलेला आहे. विद्यार्थ्यांची फॉर्म दोन प्रतीत तयार केले असून एक प्रत

विद्यापीठात जमा करत आहोत. तरी स्विकार व्हावा ही नम्र विनंती.



आपला विश्वास

PRINCIPAL

Sagar BCA College  
Prashanti Nagar, Jalna

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Sagar Bahhuddeshiya Shikshan Sansthas

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Principal

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| Dr.V.V. Mahajan | Mr.S.B.Tanpure | Mrs.P.M.Tarakh |

♀ Devmurti Tq.Dist.Jalna | ☎ 9423748305, 9359532363

Ref No: 2024-25/16

Date: 16/12/2024

प्रति,

मा, संचालक,

विद्यार्थी विकास मंडळ,

डॉ. बाबासाहेब आंबेडकर मराठवाडा विद्यापीठ,

छत्रपती संभाजीनगर,

विषय: सहभागी विद्यार्थ्यांचे फॉर्म व इतर कागदपत्रे स्विकारणे बाबत.

महोदय,

केंद्रीय युवक महोत्सव २०२४-२५ साठी आमच्या सागर बी सी ए

महाविद्यालयातुन विद्यार्थ्यांनी सहभाग घेतलेला आहे. तरी आम्ही यशस्वी रीत्या

ऑनलाईन फॉर्म भरलेला आहे. विद्यार्थ्यांची फॉर्म दोन प्रतीत तयार केले असुन एक प्रत

विद्यापीठात जमा करत आहोत. तरी स्विकार व्हावा ही नम्र विनंती.

आपला विश्वासु



## Staff Details for युवक महोत्सव

SR	NAME OF STAFF	POST	MOBILE NO
1	RAMPRASAD SURESH PATIL	CULTURAL CO-ORDINATOR/OFFICIAL	9423748305
2	HARSHVARDHAN VISHVAMBHAR TANPURE	TEAM MANAGER (MALE)	9359532363

DATE : 14-12-2024

## Dr. Babasaheb Ambedkar Marathwada University, Chhatrapati Sambhajinagar

Online Fees Payment Receipt - Youth Festival

Colleges/Dept Code: EJ52409

Sr	TEAM TYPE	PLAYERS	FEES
1	ON THE SPOT PAINTING (INDIVIDUAL) - चित्रकला (वैयक्तिक)	2	100
2	POSTER MAKING (INDIVIDUAL) - पोस्टर (वैयक्तिक)	1	100
Total		3	200
Id		104435	
Account info		youthfest	
College id		EJ52409	
Year		2024	
Status		success	
Phone		9423748305	
E-mail		tanpure1972@gmail.com	
Amount		200.0	
Transaction Mode		UPI	
Transaction Time		2024-12-14 05:46:29pm	

 Today's Date 14/12/2024  
**PRINCIPAL**  
Sagar BCA College  
Prashanti Nagar, Jalna





Sagar Bahhuddeshiya Shikshan Sansthas

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९ Devmurti Tq.Dist.Jalna | ९९४२३७४८३०५, ९३५९५३२३६३

Ref No: २०२४-२५/१५

Date: १५/१२/२०२४

दिनांक: १५ डिसेंबर २०२४

## हमीपत्र

प्रति,  
मा. संचालक,  
विद्यार्थी विकास मंडळ  
डॉ. बाबासाहेब आंबेडकर मराठवाडा विद्यापीठ,  
छत्रपती संभाजीनगर.

महोदय,

केंद्रीय युवक महोत्सव २०२४-२०२५ साठी आम्ही सादर करित असलेल्या कोणत्याही कलाप्रकारात कुठल्याही प्रकारच्या भावना दुखावतील असा आशय, लेखन व सादरीकरण करणार नाही. शिवाय कुणाच्याही अस्मितेला तडा जाईल, संत व महापुरुषांचा अवमान अशा असंवैधानिक आशयाचे आमचा संघ/ आमचे महाविद्यालय/विभाग कदापि समर्थन करित नाही व आम्ही तसे करणार नाही. याची निःसंदिग्ध म्हाणी आम्ही देत आहोत. आमच्या कुठल्याही सादरीकरणातून काही अनर्थ घडला, सामाजिक सौहार्द बिघडले तर त्याची सर्वस्वी जबाबदारी असेल.

  
**PRINCIPAL**  
Sagar BCA College  
Prashanti Nagar, Jalna




  
**PRINCIPAL**  
Sagar BCA College  
Prashanti Nagar, Jalna



## युवक महोत्सव

Hosted by Dr. Babasaheb Ambedkar Marathwada University, Chhatrapati Sambhajinagar.

## SAGAR B C A COLLEGE


EVENT	Sr	NAME OF STUDENT	FATHER NAME	MOTHER NAME	DATE OF BIRTH	NAME OF THE COLLEGE	COURSE	PHOTO DULY ATTESTED
ON THE SPOT PAINTING (INDIVIDUAL) - 1 चित्रकला (वैयक्तिक)	1	HIWALE ROHAN DNYANESHWAR	DNYANESHWAR	JAYSHREE	2006-09-16	SAGAR B.C.A. COLLEGE, JALNA	B.SC COMPUTER SCIENCE	
ON THE SPOT PAINTING (INDIVIDUAL) - 2 चित्रकला (वैयक्तिक)	2	SAWANT SANKALP SANJAY	SANJAY	BEBINANDA	2006-10-10	SAGAR B.C.A. COLLEGE, JALNA	B.SC COMPUTER SCIENCE	
POSTER MAKING (INDIVIDUAL) - 1 पोस्टर (वैयक्तिक)	1	LONDHE OM MAHESH	MAHESH	YASHODA	2006-11-14	SAGAR B.C.A. COLLEGE, JALNA	B.SC COMPUTER SCIENCE	

DATE : 14/12/2024

## युवक महोत्सव

Hosted by : Dr. Babasaheb Ambedkar Marathwada University, Chhatrapati Sambhajinagar

## Registration Form

	
Name of the Student Participant:	LONDHE OM MAHESH
PRN No. / Registration No. given by the University	20240023523
Name of the Parent / Guardian	MAHESH
Mobile No. of the Student Participant	8767068756
Mobile No. of the Parent / Guardian	9370434507
Gender	MALE
Date of Birth	14/11/2006
Age	18
Email Id	tanpure1972@gmail.com
Name of the College & Address	SAGAR B.C.A. COLLEGE, JALNA
Name of the Course	B.SC COMPUTER SCIENCE
Semester / Year	I
Title of Event/s Participated	POSTER MAKING (INDIVIDUAL) - पोस्टर (वैयक्तिक)
Name of the College/Dept.	SAGAR B C A COLLEGE

Attach : 1-X Certificate (DOB). 2-XII Board Certificate. 3-College/Dept ID Card. 4-Last Exam Marksmemo. 5-Aadhaar Card. 6-Undertaking with Photograph.

The above particular furnished by me are correct and true to the best of my knowledge. If the above information is found to be false or incorrect, I will be liable for action as per Maharashtra Public University Act 2016



(Signature of Student/Participant)

Certified that the particulars provided above have been and found to be correct to the best of my knowledge.

(Sign and Official Seal - Director/Dean/Principal).....(Sign and Official Seal - DSW/Cultural Co-Ordinator)

FOR OFFICE USE ONLY: ELIGIBLE / NOT ELIGIBLE

Reason if not eligible - \_\_\_\_\_ Authorized Signature



## Annexure No. 1

## 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 युवक महोत्सव to be held at following Host University as per following dates at my own risk.

Name of the Host University:	Dr. Babasaheb Ambedkar Marathwada University, Chhatrapati Sambhajinagar.
Dates of the युवक महोत्सव:	25/12/2024 to 28/12/2024

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 युवक महोत्सव: Maharashtra State Inter-Colleges Youth Festival.

I, further undertake to state that I shall be abiding by all RULES and REGULATIONS (Guidelines) of the युवक महोत्सव and shall be liable for strict disciplinary action for violation of the same.

Name of the Student Participant	LONDHE OM MAHESH
PRN/ Registration No.	20240023523
Name of the College/Dept.	SAGAR B C A COLLEGE
Mobile No. of the Student Participant	8767068756
Title of Event/s Participated	POSTER MAKING (INDIVIDUAL) - पोस्टर (वैयक्तिक)
Date	14/12/2024
Signature of the Student Participant	

## Annexure No. 2


### 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 Youth Festival to be held at following Host University as per following dates my own risk.

<b>Name of the Host University:</b>	Dr. Babasaheb Ambedkar Marathwada University, Chhatrapati Sambhajinagar.
<b>Dates of the युवक महोत्सव:</b>	11/03/2024 to 15/03/2024

If any accident or death occurs during the युवक महोत्सव, 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 the युवक महोत्सव.

<b>Name of the Parent / Guardian</b>	MAHESH
<b>Mobile No. of the Parent / Guardian</b>	9370434507
<b>Name of the Student Participant</b>	LONDHE OM MAHESH
<b>Mobile No. of the Student Participant</b>	8767068756
<b>PRN of the Student Participant</b>	20240023523
<b>Name of the College/Dept</b>	SAGAR B C A COLLEGE
<b>Title of Event/s Participated</b>	POSTER MAKING (INDIVIDUAL) - पोस्टर (वैयक्तिक)
<b>Date</b>	14/12/2024
<b>Signature of the Parent / Guardian</b>	v 

## Annexure No. 3

## Bonafide Certificate

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	LONDHE OM MAHESH
Name of the College / Institute / Department of the Student Participant	SAGAR B.C.A. COLLEGE, JALNA
Name of the College/Dept	SAGAR B C A COLLEGE
Mobile No. of the Parent / Guardian	9370434507
Programme	B.SC COMPUTER SCIENCE
Semester / Year	I
Specialization	
PRN No. / Registration No. given by the University	20240023523
Roll No	1

Date:

Place:

(Seal of the college/  
Institute/Department

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

## Annexure No. 4

### 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 युवक महोत्सव. He/She is not suffering from any communicable or chronic disease, which may cause any hindrance due to his/her participation in युवक महोत्सव.

Name of the Student Participant	LONDHE OM MAHESH
Mobile No. of the Student Participant:	8767068756

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. 5

## Verification Certificate

(To be given by Director, Students' Development/Welfare of the Participating College)

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	LONDHE OM MAHESH
Name of the College / Institute / Department of the Student Participant	SAGAR B.C.A. COLLEGE, JALNA
Name of the College/Dept	SAGAR B C A COLLEGE
Mobile No. of the Student Participant	8767068756
Programme	B.SC COMPUTER SCIENCE
Semester / Year	I
Specialization	
PRN No. / Registration No. given by the University	20240023523
Roll No	1
Title of Event/s Participated	POSTER MAKING (INDIVIDUAL) - पोस्टर (वैयक्तिक)

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

Date:

Place:


(Seal of the Department)

Signature of the Team Manager/  
Team Coordinator  
of the Participating College

## युवक महोत्सव

Organized by : Dr. Babasaheb Ambedkar Marathwada University, Chhatrapati Sambhajinagar

## Registration Form

	
Name of the Student Participant:	SAWANT SANKALP SANJAY
PRN No. / Registration No. given by the University	20240070059
Name of the Parent / Guardian	SANJAY
Mobile No. of the Student Participant	8767068756
Mobile No. of the Parent / Guardian	9370434507
Gender	MALE
Date of Birth	10/10/2006
Age	18
Email Id	tanpure1972@gmail.com
Name of the College & Address	SAGAR B.C.A. COLLEGE, JALNA
Name of the Course	B.SC COMPUTER SCIENCE
Semester / Year	I
Title of Event/s Participated	ON THE SPOT PAINTING (INDIVIDUAL) - चित्रकला (वैयक्तिक)
Name of the College/Dept.	SAGAR B C A COLLEGE

Attach : 1-X Certificate (DOB), 2-XII Board Certificate, 3-College/Dept ID Card, 4-Last Exam Marksmemo, 5-Aadhaar Card, 6-Undertaking with Photograph.

The above particular furnished by me are correct and true to the best of my knowledge. If the above information is found to be false or incorrect, I will be liable for action as per Maharashtra Public University Act 2016



(Signature of Student/Participant)

Certified that the particulars provided above have been and found to be correct to the best of my knowledge.

(Sign and Official Seal - Director/Dean/Principal).....(Sign and Official Seal - DSW/Cultural Co-Ordinator)

FOR OFFICE USE ONLY: ELIGIBLE / NOT ELIGIBLE

Reason if not eligible - \_\_\_\_\_ Authorized Signature

## Annexure No. 1

## 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 युवक महोत्सव to be held at following Host University as per following dates at my own risk.

Name of the Host University:	Dr. Babasaheb Ambedkar Marathwada University, Chhatrapati Sambhajinagar.
Dates of the युवक महोत्सव:	25/12/2024 to 28/12/2024

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 युवक महोत्सव: Maharashtra State Inter-Colleges Youth Festival.

I, further undertake to state that I shall be abiding by all RULES and REGULATIONS (Guidelines) of the युवक महोत्सव and shall be liable for strict disciplinary action for violation of the same.

Name of the Student Participant	SAWANT SANKALP SANJAY
PRN/ Registration No.	20240070059
Name of the College/Dept.	SAGAR B C A COLLEGE
Mobile No. of the Student Participant	8767068756
Title of Event/s Participated	ON THE SPOT PAINTING (INDIVIDUAL) - चित्रकला (वैयक्तिक)
Date	14/12/2024
Signature of the Student Participant	

## Annexure No. 5

## Verification Certificate

(To be given by Director, Students' Development/Welfare of the Participating College)

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	SAWANT SANKALP SANJAY
Name of the College / Institute / Department of the Student Participant	SAGAR B.C.A. COLLEGE, JALNA
Name of the College/Dept	SAGAR B C A COLLEGE
Mobile No. of the Student Participant	8767068756
Programme	B.SC COMPUTER SCIENCE
Semester / Year	I
Specialization	
PRN No. / Registration No. given by the University	20240070059
Roll No	4
Title of Event/s Participated	ON THE SPOT PAINTING (INDIVIDUAL) - चित्रकला (वैयक्तिक)

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

Date:

Place:

(Seal of the Department)

Signature of the Team Manager/  
Team Coordinator  
of the Participating College



## Annexure No. 4

### Physical Fitness Certificate

(To be given by the Medical Practitioner)

I do hereby certify that, I have examined the below mentioned person and find her fit for participation in युवक महोत्सव. He/She is not suffering from any communicable chronic disease, which may cause any hindrance due to his/her participation in युवक महोत्सव.

Name of the Student Participant	SAWANT SANKALP SANJAY
Mobile No. of the Student Participant:	8767068756

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

ite:

ce:

Signature of the  
Medical Practitioner with  
Seal and Registration No.

## Annexure No. 3

## Bonafide Certificate

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	SAWANT SANKALP SANJAY
Name of the College / Institute / Department of the Student Participant	SAGAR B.C.A. COLLEGE, JALNA
Name of the College/Dept	SAGAR B C A COLLEGE
Mobile No. of the Parent / Guardian	9370434507
Programme	B.SC COMPUTER SCIENCE
Semester / Year	I
Specialization	
PRN No. / Registration No. given by the University	20240070059
Roll No	4

Date:

Place:

(Seal of the college/  
Institute/Department

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

## Annexure No. 2

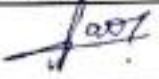
## Responsibility Certificate

(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 Youth Festival to be held at following Host University as per following dates my own risk.


Name of the Host University:	Dr. Babasaheb Ambedkar Marathwada University, Chhatrapati Sambhajinagar.
Dates of the युवक महोत्सव:	11/03/2024 to 15/03/2024

If any accident or death occurs during the युवक महोत्सव, 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 the युवक महोत्सव.

Name of the Parent / Guardian	SANJAY
Mobile No. of the Parent / Guardian	9370434507
Name of the Student Participant	SAWANT SANKALP SANJAY
Mobile No. of the Student Participant	8767068756
PRN of the Student Participant	20240070059
Name of the College/Dept	SAGAR B C A COLLEGE
Title of Event/s Participated	ON THE SPOT PAINTING (INDIVIDUAL) - चित्रकला (वैयक्तिक)
Date	14/12/2024
Signature of the Parent / Guardian	

## युवक महोत्सव

Hosted by : Dr. Babasaheb Ambedkar Marathwada University, Chhatrapati Sambhajinagar  
Registration Form

	
Name of the Student Participant:	HIWALE ROHAN DNYANESHWAR
PRN No. / Registration No. given by the University	20240023477
Name of the Parent / Guardian	DNYANESHWAR
Mobile No. of the Student Participant	8767068756
Mobile No. of the Parent / Guardian	9370434507
Gender	MALE
Date of Birth	16/09/2006
Age	18
Email Id	tanpure1972@gmail.com
Name of the College & Address	SAGAR B.C.A. COLLEGE, JALNA
Name of the Course	B.SC COMPUTER SCIENCE
Semester / Year	
Title of Event/s Participated	ON THE SPOT PAINTING (INDIVIDUAL) - चित्रकला (वैयक्तिक)
Name of the College/Dept.	SAGAR B C A COLLEGE

Attach : 1-X Certificate (DOB), 2-XII Board Certificate, 3-College/Dept ID Card, 4-Last Exam Marksmemo, 5-Aadhaar Card, 6-Undertaking with Photograph.

The above particular furnished by me are correct and true to the best of my knowledge. If the above information is found to be false or incorrect, I will be liable for action as per Maharashtra Public University Act 2016

*Roban*

(Signature of Student/Participant)

Certified that the particulars provided above have been and found to be correct to the best of my knowledge.

(Sign and Official Seal - Director/Dean/Principal).....(Sign and Official Seal - DSW/Cultural Coordinator)

FOR OFFICE USE ONLY: ELIGIBLE / NOT ELIGIBLE

Reason if not eligible - \_\_\_\_\_ Authorized Signature



## Annexure No. 1

## 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 युवक महोत्सव to be held at following Host University as per following dates at my own risk.

Name of the Host University:	Dr. Babasaheb Ambedkar Marathwada University, Chhatrapati Sambhajinagar.
Dates of the युवक महोत्सव:	25/12/2024 to 28/12/2024

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 युवक महोत्सव: Maharashtra State Inter-Colleges Youth Festival.

I, further undertake to state that I shall be abiding by all RULES and REGULATIONS (Guidelines) of the युवक महोत्सव and shall be liable for strict disciplinary action for violation of the same.

Name of the Student Participant	HIWALE ROHAN DNYANESHWAR
PRN/ Registration No.	20240023477
Name of the College/Dept.	SAGAR B C A COLLEGE
Mobile No. of the Student Participant	8767068756
Title of Event/s Participated	ON THE SPOT PAINTING (INDIVIDUAL) - चित्रकला (वैयक्तिक)
Date	14/12/2024
Signature of the Student Participant	

## Annexure No. 5

## Verification Certificate

(To be given by Director, Students' Development/Welfare of the Participating College)

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	HIWALE ROHAN DNYANESHWAR
Name of the College / Institute / Department of the Student Participant	SAGAR B.C.A. COLLEGE, JALNA
Name of the College/Dept	SAGAR B C A COLLEGE
Mobile No. of the Student Participant	8767068756
Programme	B.SC COMPUTER SCIENCE
Semester / Year	I
Specialization	
PRN No. / Registration No. given by the University	20240023477
Roll No	3
Title of Event/s Participated	ON THE SPOT PAINTING (INDIVIDUAL) - चित्रकला (वैयक्तिक)

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

Date:

Place:



(Seal of the Department)

Signature of the Team Manager/

Team Coordinator

of the Participating College

## Annexure No. 4

## 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 युवक महोत्सव. He/She is not suffering from any communicable or chronic disease, which may cause any hindrance due to his/her participation in युवक महोत्सव.

Name of the Student Participant	HIWALE ROHAN DNYANESHWAR
Mobile No. of the Student Participant:	8767068756

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. 3

## Bonafide Certificate

is 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	HIWALE ROHAN DNYANESHWAR
Name of the College / Institute / Department of the Student Participant	SAGAR B.C.A. COLLEGE, JALNA
Name of the College/Dept	SAGAR B C A COLLEGE
Mobile No. of the Parent / Guardian	9370434507
Programme	B.SC COMPUTER SCIENCE
Semester / Year	1
Specialization	
PRN No. / Registration No. given by the University	20240023477
Roll No	3

Signature:  
Place:

(Seal of the college/)  
Institute/Department

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



## Annexure No. 2

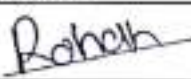
## Responsibility Certificate

(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 Youth Festival to be held at following Host University as per following dates at my own risk.

Name of the Host University:	Dr. Babasaheb Ambedkar Marathwada University, Chhatrapati Sambhajinagar.
Dates of the युवक महोत्सव:	11/03/2024 to 15/03/2024

If any accident or death occurs during the युवक महोत्सव, 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 the युवक महोत्सव.

Name of the Parent / Guardian	DNYANESHWAR
Mobile No. of the Parent / Guardian	9370434507
Name of the Student Participant	HIWALE ROHAN DNYANESHWAR
Mobile No. of the Student Participant	8767068756
PRN of the Student Participant	20240023477
Name of the College/Dept	SAGAR B C A COLLEGE
Title of Event/s Participated	ON THE SPOT PAINTING (INDIVIDUAL) - चित्रकला (वैयक्तिक)
Date	14/12/2024
Signature of the Parent / Guardian	



**Dr. Babasaheb Ambedkar Marathwada University, Chhatrapati Sambhajinagar,  
Department of Sports  
Eligibility Performa For Chhatrapati Sambhajinagar Zone, Jalna Zone, Beed Zone, Dharashiv Zone and  
Central Zone Basis Inter Collegiate Tournaments 2024-2025**



Name of the Participating College: - Sagar BCA College, Devmurti Tq. Dist. Jalna.

Name of the Event :- Kick Boxing

Section- Men

Date of Tournament :- 15 January 2025

Name of the Coach / Manager :- Mr.H.V.Tanpure Mobile No. :- 9423748305

Annual Sports Fees Receipt No. :- 41664 Date. 19 December 2024

Name of the Organizing College :Shri Sant Savta Mali gramin mahavidyalaya Phulambri , Chhatrapati Sambhajinagar.

Sr No	Name of Sportsperson With Surname	Father Name	Mother Name	Date Of Birth	Date & Year Of Passing Qualifying Examination For First Admission To College/ University		Present Class	Name Of The Present Course	Duration Of Course	Date & Year Of First Admission To University		Mobile No
					Name of Exam	Date & Year				Year	Present Course	
1	2	3	4	5	6	7	8	9	10	11	12	13
1	Harshal Rokde	Pandharinath	Nutan	24/11/2000	XII	FEB-2019	B.Sc Net & Multi	B.Sc Net & Multi	3 Year's	2024	july. 2024	7775010493
2	Om Iondhe	Mahesh	Yashoda	14/11/2006	XII	FEB-2024	B.Sc Comp.Sci	B.Sc Comp.Sci	3 Year's	2024	June. 2024	9975085297
3												
4												
5												
6												
7												
8												
9												
10												

**Note:** Certified that the above particulars are correct and true as per records of the College. Any disqualification of a sports person on the grounds of Ineligibility in Team Games and Individual Games results into automatic scratching of His/Her Team that academic year and the College will be penalized with Rs. 10000/- each case, and the issue will be reported to the Principal of the concerned College immediately.



**MIGRATION CASES:**

Certified that Sportsperson(s) listed at Sr. No.(s) \_\_\_\_\_ above is/are migration cases. He/she/they have/have been admitted to the University. \_\_\_\_\_ duly enrolled student(s) for \_\_\_\_\_ University courses/class of not less than one academic years duration for which examinations are also conducted by the University.

**ADDITIONAL INFORMATION TO BE SUBMITTED FOR CHANGE IN COURSE/FACULTY**

Sr. No.	Name Of Sportsperson With Surname	Fathers name	Name of previous class	Name of New Class	Name of Previous Course/Faculty	Name of New Course/Faculty	Date & Year of Joining Previous Course/Faculty	Date & Year of Changing to New Course/Faculty	Minimum academic qualifications of admission to new course/faculty	Mobile No.
1										
2										

Certified that the above particulars are correct and true as per records of the University/College.

Further certified that no member of the Team listed in this Performa has violated the following rule:

No player, who chose to play on behalf of the State team, in any tournament, without prior permission of the concerned University / College and in case of tournaments in which Indian Universities Teams are also participating, without prior permission of the Association of Indian Universities, shall be allowed to participate in any university, inter-collegiate and inter-University tournament. It was for the concerned university/ College to take appropriate disciplinary action against players playing on behalf of State teams without their permission as referred to in the sentence.

Seal of the College



Signature with seal of the College Sports Director

Signature of the College Sports Director

Signature with seal stamp of the Principal

Signature of the Principal

PRINCIPAL  
Sagar BCA College  
Devmurti, Tq. Dist. Jalna

**IMPORTANT NOTE:-**

- Only those Colleges shall be allowed to participate in this I.C.T. Tournament which submits this Performa in quadruplicate complete in all respects to the University Department of Sports in time as required under the rules. Before submitting the team to participate in this I.C.T. Tournament, the University Department of Sports shall ensure that:
- Eligibility details as contained herein are neatly typed on this forms and do not bear any unauthorized over writings.
- The identity cards bear the photographs of the members of the team and their signatures are duly attested by the concerned Principal under seal and the identity cards do not bear any unauthorized over-writings.
- The eligibility details given here in have been thoroughly scrutinized and the University Department of Sports is satisfied that the members of the team are eligible to participate in the Inter Collegiate Tournament.
- The University has submitted a declaration to the effect that they are not in arrears in respect of the current Annual Subscription or any other dues payable to the University.
- The Participating Colleges must be submitted the Eligibility Performa in Four Copies to the venue of I.C.T. Tournament.


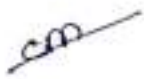
Certified that I have checked the eligibility particulars of the members of the team given herein and found them eligible.

Date:-


Signature of the I.C.T. Organizing Secretary/ District Secretary/University Representative



Dr. Babasaheb Ambedkar Marathwada University, Chhatrapati Sambhajinagar  
Department of Sports  
**Identity Card Performa For**  
Chhatrapati Sambhajinagar Zone, Jalna Zone, Beed Zone, Dharashiv Zone &  
Central Zone Basis  
Inter Collegiate Tournaments 2024-2025

Sr. No.	Full Name of the Sportspersons	Date of Birth	Class in which studying	Signature of the players	Passport size Photo duly attested by the Princinal
1	Rokade Harshal Pandharinath	24/11/2000	B.Sc Networking & Multimedia		 <b>PRINCIPAL</b> Sagar BCA College Prashant Nagar, Jalna
2	Londhe om Mahesh	14/11/2006	B.Sc Computer Science		
3					
4					
5					

  
Sign. Of the College Director of Sports with Seal  
Sagar BCA College

  
Sign. Of the Principal with Seal  
Sagar BCA College  
Devmurti, Tq. Dist. Jalna







**Dr. Babasaheb Ambedkar Marathwada University, Chhatrapati Sambhajinagar,  
Department of Sports  
Eligibility Performa For Chhatrapati Sambhajinagar Zone, Jalna Zone, Beed Zone, Dharashiv Zone and  
Central Zone Basis Inter Collegiate Tournaments 2024-2025**



Name of the Participating College: - Sagar BCA College, Devmurti Tq. Dist. Jalna.

Name of the Event :- Wushu Section- Men Date of Tournament :- 15 January 2025

Name of the Coach / Manager :- Mr. H.V. Tanpure Mobile No. :- 9423748305 Annual Sports Fees Receipt No. :- 41664

Date. 19 December 2024

Name of the Organizing College : Shri Sant Savta Mali gramin mahavidyalaya Phulambri, Chhatrapati Sambhajinagar.

Sr No	Name of Sportsperson With Surname	Father Name	Mother Name	Date Of Birth	Date & Year Of Passing Qualifying Examination For First Admission To College/ University		Present Class	Name Of The Present Course	Duration Of Course	Date & Year Of First Admission To University		Mobile No
					Name of Exam	Date & Year				Year	Present Course	
1	2	3	4	5	6	7	8	9	10	11	12	13
1	Harshal Rolde	Pandharinath	Nutan	24/11/2000	XII	FEB-2019	B.Sc Net & Multi	B.Sc Net & Multi	3 Year's	2024	July. 2024	7775010493
2	Om londhe	Mahesh	Yashoda	14/11/2006	XII	FEB-2024	B.Sc Comp.Sci	B.Sc Comp.Sci	3 Year's	2024	June. 2024	9975085297
3												
4												
5												
6												
7												
8												
9												
10												

**Note:** Certified that the above particulars are correct and true as per records of the College. Any disqualification of a sports person on the grounds of Ineligibility in Team Games and Individual Games results into automatic scratching of His/Her Team that academic year and the College will be penalized with Rs. 10000/- each case, and the issue will be reported to the Principal of the concerned College immediately.



**ADDITIONAL INFORMATION TO BE SUBMITTED FOR CHANGE IN COURSE/FACULTY**

Certified that Sportsperson(s) listed at Sr. No.(s) \_\_\_\_\_ above is/are migration cases. He/she/they have/have been admitted to the University. \_\_\_\_\_ duly  
colled student(s) for \_\_\_\_\_ University courses/class of not less than one academic years duration for which examinations are also conducted by the University.

**ADDITIONAL INFORMATION TO BE SUBMITTED FOR CHANGE IN COURSE/FACULTY**

Sr. No.	Name Of Sportsperson With Surname	Fathers name	Name of previous class	Name of New Class	Name of Previous Course/Faculty	Name of New Course/Faculty	Date & Year of Joining Previous Course/Faculty	Date & Year of Changing to New Course/Faculty	Minimum academic qualifications of admission to new course/faculty	Mobile No.
1										
2										

Certified that the above particulars are correct and true as per records of the University/College.

Further certified that no member of the Team listed in this Performa has violated the following rule:

No player, who chose to play on behalf of the State team, in any tournament, without prior permission of the concerned University / College and in case of tournaments in which Indian Universities Teams are also participating, without prior permission of the Association of Indian Universities, shall be allowed to participate in any university, inter-collegiate and inter-University tournaments. It was for the concerned university/ College to take appropriate disciplinary action against players playing on behalf of State teams without their permission as referred to in the preceding sentence.

Seal of the College



Signature with seal of the College Sports Director

Head  
Department of Sports  
Sagar BCA College, Jalna

Signature with seal stamp of the Principal

PRINCIPAL  
Sagar BCA College  
Devmurti, Tq. Dist. Jalna

**IMPORTANT NOTE:**

- Only those Colleges shall be allowed to participate in this I.C.T. Tournament which submits this Performa in quadruplicate complete in all respects to the University Department of Sports in time as required under the rules. Before submitting the team to participate in this I.C.T. Tournament, the University Department of Sports shall ensure that:
- Eligibility details as contained herein are neatly typed on this forms and do not bear any unauthorized over writings.
- The identity cards bear the photographs of the members of the team and their signatures are duly attested by the concerned Principal under seal and the identity cards do not bear any unauthorized over-writings.
- The eligibility details given here in have been thoroughly scrutinized and the University Department of Sports is satisfied that the members of the team are eligible to participate in the Inter Collegiate Tournament.
- The University has submitted a declaration to the effect that they are not in arrears in respect of the current Annual Subscription or any other dues payable to the University.
- The Participating Colleges must be submitted the Eligibility Performa in Four Copies to the venue of I.C.T. Tournament.


Certified that I have checked the eligibility particulars of the members of the team given herein and found them eligible.

Date: -

Signature of the I.C.T. Organizing Secretary/ District Secretary/University Representative



Dr. Babasaheb Ambedkar Marathwada University, Chhatrapati Sambhajinagar  
Department of Sports  
**Identity Card Performa For**  
Chhatrapati Sambhajinagar Zone, Jalna Zone, Beed Zone, Dharashiv Zone &  
Central Zone Basis  
Inter Collegiate Tournaments 2024-2025

Sr. No.	Full Name of the Sportspersons	Date of Birth	Class In which studying	Signature of the players	Passport size Photo duly attested by the Principal
1	Rokade Harshal Pandharinath	24/11/2000	B.Sc Networking & Multimedia		 <b>PRINCIPAL</b> Sagar PCA College Prashant Nagar, Jalna
2	Londhe om Mahesh	14/11/2006	B.Sc Computer Science		
3					
4					
5					

Sign. Of the College Director of Sports with Seal

Sign. Of the Principal with Seal  
Principal  
Sagar PCA College  
Devnurti, Tq. Dist. Jalna





**Dr. Babasaheb Ambedkar Marathwada University, Chhatrapati Sambhajnagar,**  
**Department of Sports**  
**Eligibility Performa For Chhatrapati Sambhajnagar Zone, Jalna Zone, Beed Zone, Dharashiv Zone and**  
**Central Zone Basis Inter Collegiate Tournaments 2024-2025**



Name of the Participating College: - Sagar BCA College, Devmurti Tq. Dist. Jalna.

Name of the Event :- Kick Boxing

Name of the Coach / Manager :- Mr. H.V. Tanpure Mobile No. :- 9423740305

Name of the Organizing College :- Shri Sant Savta Mali gramini mahavidyalaya Phulambri, Chhatrapati Sambhajnagar.

Section- Men

Date of Tournament :- 15 January 2025

Annual Sports Fees Receipt No. :- 41664 Date. 19 December 2024

Sr No	Name of Sportsperson With Surname	Father Name	Mother Name	Date Of Birth	Date & Year Of Passing Qualifying Examination For First Admission To College/ University		Present Class	Name Of The Present Course	Duration Of Course	Date & Year Of First Admission To University		Mobile No
					Name of Exam	Date & Year				Year	Present Course	
1	2	3	4	5	6	7	8	9	10	11	12	13
1	Harshal Rokde	Pandharinath	Nutan	24/11/2000	XII	FEB-2019	B.Sc Net & Multi	B Sc Net & Multi	3 Year's	2024	July 2024	7775010493
2	Om Jondhe	Mahesh	Yashoda	14/11/2006	XII	FEB-2024	B.Sc Comp Sci	B Sc Comp Sci	3 Year's	2024	June 2024	9975085297
3												
4												
5												
6												
7												
8												
9												
10												

**Note:** Certified that the above particulars are correct and true as per records of the College. Any disqualification of a sports person on the grounds of Ineligibility in Team Games and Individual Games results into automatic scratching of His/Her Team that academic year and the College will be penalized with Rs. 10000/- each case, and the issue will be reported to the Principal of the concerned College immediately.



# ELIGIBILITY PROFORMA FOR NATIONAL UNIVERSITY GAMES

Name of the Tournament Kick Boxing Men Name of the Coach Mr. Suresh Mirkar

Name of the Host University Swami Vivekanand Subhara University, Meerut Zone : All India Inter University Tournament

Name of the Participating University Dr. Babasaheb Ambedkar Marathiwada University, Chhatrapati Sambhaji Nagar.

Date of Tournament: 24 March to 25 March 2025.

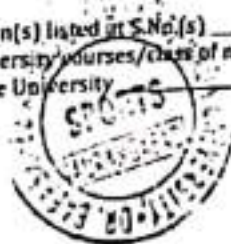
S.No	Name Of Sportsperson	Father Name	Mother Name	Date Of Birth	College In Which Studying	Date & Year Of Passing Qualifying Examination For First Admission To A College/ University		Present Class	Name Of The Present Course	Duration Of Course	Date & Year Of First Admission To University		Number Of Years Of Previous Participation While Pursuing	Adhar Card
						Name of Exam	Date & Year				Year	Present Course	Graduate Course	PA Card
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1.	Suryatal Prashant	Islwar	Surekha	03.12.2000	D.D. College, Waluj	XII	2020	B.A. I	B.A.	3 Years	2024	2024		44617314146
2.	JaShav Sunil	Baban	Chhaya	20.12.2003	Pandit Jawaharlal Nehru College, CSN	XII	2021	B.A. III	B.A.	3 Years	2021	2021		964278167673
3.	Kolhe Raj	Sanjay	Manisha	03.05.2004	Govi. College of Engg. CSN	XII	2022	B.Tech. III	B.Tech.	4 Years	2022	2022		44316524474
4.	Hedre Rushikesh	Halbhun	Hhagyashree	06.07.2005	Siva. Sawarkar College, Beed	XII	2023	B.Sc. I	B.Sc.	3 Years	2024	2024		28679952126
5.	Karnkal Ajay	Valmik	Jyoti	12.10.2006	Rashtriya College, Nagad	XII	2024	B.A. I	B.A.	3 Years	2024	2024		947053351031
6.	Reddy Adarsh	Rajesh	Archana	03.01.2004	Rashtriya College, CSN	XII	2022	B.A. III	B.A.	3 Years	2022	2022		207717201861
7.	Rupanwar Rohan	Pralhad	Sunanda	14.07.2003	Adv. B.D. Hambarde College, Ashli	XII	2022	B.C.A. III	B.C.A.	3 Years	2022	2022		601801549104
8.	Rokade Harshal	Pandharinath	Nutan	24.11.2000	Sagar B.C.A. College, Devmura, Jalna	XII	2019	B.Sc. I	B.Sc.	3 Years	2024	2024		414648552679
9.	Wavre, Krushna	Bhannadas	Chhakubai	19.04.2000	Adv. B.D. Hambarde College, Ashli	XII	2018	M.A. I	M.A.	2 Years	2024	2024		943065552623
10.	Tupe Karan	Vinod	Poojpa	21.12.2003	Shri. Sant Savta Mah College, Phulambri	XII	2022	B.Com. I	B.Com.	3 Year	2024	2024		860496035232

Certified that the above particulars are correct and true as per records of the University.

MIGRATION CASES: Certified that Sportsperson(s) listed in S.No.(s) \_\_\_\_\_ above is/are migration cases. He/she/they has/have been admitted to the University. \_\_\_\_\_ duly enrolled student(s)

for \_\_\_\_\_ University courses/degree of not less than one academic year's duration for which examinations are also conducted by the University.

Seal of the University \_\_\_\_\_ Signature of the Registrar/Secretary, Sports Committee \_\_\_\_\_



Signature of the Registrar/Secretary, Sports Committee  
Dr. Babasaheb Ambedkar Marathiwada University, Chhatrapati Sambhaji Nagar.



## DEPARTMENT OF SPORTS

## क्रीडा विभाग

Office of the Sports Directorate  
Department of Sports University Campus,  
Chhatrapati Sambhaji Nagar - 431004,  
Maharashtra (India) Office Telephone No.  
+919422412170 Website www.bamu.ac.in  
Email sports.section@bamu.ac.in

(NAAC 'A+' Grade)  
(नैक अ दर्जा प्राप्त)

क्रीडा संचालनालय कार्यालय  
क्रीडा विभाग, विद्यापीठ परिसर,  
छत्रपती संभाजीनगर - 431004, मराठवाडा  
(भारत) कार्यालय दूरध्वनी क्र.  
+919422412170  
वेबसाईट www.bamu.ac.in  
ई-मेल sports.section@bamu.ac.in

### Name of the Men Team

Sr. No.	Name of the Player	Name of the College
1	Prashant Suryatal	DD College, Waluj
2	Sunit Jadhav	Pandit Jawaharlal Nehru College, CSN
3	Raj Kolhe	Govt. College of Engg., CSN
4	Rushikesh Bedre	Swa. Sawarkar College, Beed
5	Ajay Karnkal	Rashtriya College, Nagad
6	Adarsh Reddy	Rashtriya College, Nagad
7	Bohan Rupnavar	Adv. B D. Hambarde College, Ashti
8	Harshal Rokade	Sagar B C A College, Devmurti, Jalna
9	Krushna Wanve,	Adv. B D. Hambarde College, Ashti

### Name of the Women Team

Sr. No.	Name of the Player	Name of the College
1	Galkwad Ashveta	ASC College, Naldurg
2	Surwase Pradnya	ASC College, Naldurg
3	Roshni Patil	D D. College, Waluj
4	Suhani Trivedi	JES College, Jalna
5	Riddhi Somvanshi	Chhatrapati Shah College, Lasur
6	Amruta Aware	Arts & Science College, Patoda

  
DIRECTOR  
I/c Director of Sports,  
Dr. Babasaheb Ambedkar Marathwada University,  
Chhatrapati Sambhaji Nagar





**DR. BABASAHEB AMBEDKAR MARATHWADA UNIVERSITY**

डॉ. बाबासाहेब आंबेडकर मराठवाडा विद्यापीठ  
CHHATRAPATI SAMBAHAJINAGAR - 431 004, MAHARASHTRA

NAAC Re-Accredited 'A+' Grade

**UNIVERSITY BOARD OF SPORTS & PHYSICAL EDUCATION**

**NATIONAL UNIVERSITY GAMES**

**Certificate of Participation**

This is to Certify that Mr./Ms. Harshal Pandharinath Rokade  
of Sagar B.C.A. College, Dhumurhi, Jalna was Participated  
as a Player / Team Coach / Manager that represented this university in the West Zone / All India Inter University  
Kickboxing Tournament held at S.V. Subhashi University, Merrut [UP]  
from 21st to 25th March During the academic year 2024-25

  
**DIRECTOR**

Department of Sports

Dr. Babasaheb Ambedkar Marathwada University  
Chhatrapati Sambhajinagar (MS)

Issued Date: 3 MAY 2025



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**9.Pravin Ade**

**MAHARASHTRA**

Senior Men

640 Kg

1st Khado India Beach Games 2025  
19th to 22nd May 2025, New Parg Beach, Shyamba, Goa

















**SONOVISION AETOS TECHNICAL SERVICES PVT. LTD.**

**OFFER LETTER**

21<sup>st</sup> February 2024

To,  
Mr. Khandagale Pavan Sudhakar,  
S/O Sudhakar Khandagale,  
MU.Kakda Po.Ner, Jalna,  
Maharashtra - 431203.

Dear Pavan,

On behalf of Sonovision Aetos Technical Services Pvt. Ltd. ("*Company*"), I am pleased to offer you a position as Author - CMM, beginning 22<sup>nd</sup> April 2024 (the "*Start Date*") or as soon thereafter as possible. In order to ensure consistent description of job titles internally, the description of job titles may vary internally, but will not impact the scope of the role. The initial terms of your position with the Company are as set forth below.

**1. POSITION**

- 1.1. On your start date, you will begin working for the Company at the Company's Bangalore office at Plot No. 180, EPIP Zone, Ground floor, 2<sup>nd</sup> Phase, Mfar Silver line Tech Park, Whitefield, Bangalore - 560066. This will be your work location for training purposes. Your responsibilities in this position will be intimated to you by your reporting manager/supervisor and may change from time to time as per the requirements of the Company.
- 1.2. There is no fixed term for the employment and the same shall be 'at-will'. You will initially report to Mr. Purushothaman NANDHAN, Division Manager - CMM.
- 1.3. You agree to the best of your ability and experience that you will at all times loyally and conscientiously perform all of the duties and obligations required of and from the Company. During the term of your employment, you further agree that you will devote all of your business time and attention to the business of the Company and that you will not directly or indirectly engage or participate in any personal, business charitable or other, or any enterprise that is competitive in any manner with the business of the Company whether or not such activity is for compensation. In addition, by accepting this offer, you agree that you are under no employment contract, proprietary information agreement, invention agreement, confidentiality agreement or other obligation which could breach or be in conflict with the terms and conditions of your employment with us or encumber your performance or duties assigned to you by us.

**2. COMPENSATION**

**SONOVISION AETOS TECHNICAL SERVICES PVT. LTD.**

Plot No.180, EPIP Zone, 2<sup>nd</sup> Phase, Mfar Silverline Tech Park, Ground floor, Whitefield, Bangalore-560066, India  
Tel-Fax : +91-080-67580900 (CIN No: U74210KA2006PTCO38487)

IN\_FO\_000130\_01



॥ विद्या विनयन शोभते ॥

स्व.भास्करराव शिंगणे शिक्षण व क्रिडा प्रसारक संस्था, मलकापुर पांग्रा द्वारा संचालित -



**कै.विजय मखमले प्राथमिक, माध्यमिक, ऊर्दु माध्यमिक  
व उच्च माध्यमिक विद्यालय, मलकापुर पांग्रा**

ता.सिंदखेड राजा, जि.बुलढाणा



## \* सहभाग प्रमाणपत्र \*

प्रमाणपत्र देण्यात येते की, कुमार/कुमारी अदित्य विजय श्वशत  
हा/ही कै.विजय मखमले प्राथमिक, माध्यमिक, ऊर्दु माध्यमिक व उच्च माध्यमिक विद्यालय, मलकापुर पांग्रा या विद्यालयात  
इयत्ता 12 वा मध्ये शिक्षित असून शैक्षणिक सत्र २० - २०  
या वर्षामध्ये शालेय क्रिडा गोकाफेक स्पर्धेत सहभाग घेतला असून त्याने/तीने द्वितीय क्रमांक मिळवला  
त्याबद्दल त्याला/तिला प्रमाणपत्र देण्यात येत आहे.

\*\*\* स्थळ \*\*\*

कै.विजय मखमले प्राथमिक, माध्यमिक, ऊर्दु माध्यमिक व  
उच्च माध्यमिक विद्यालय, मलकापुर पांग्रा

दि. 25/12/2022

मुख्याध्यापक/प्राचार्य

कै.विजय मखमले प्राथमिक, माध्यमिक, ऊर्दु माध्यमिक व  
उच्च माध्यमिक विद्यालय, मलकापुर पांग्रा  
ता.सिंदखेड राजा, जि. बुलढाणा





आनंदस्वामी शिक्षण प्रसारक संस्था, देऊळगाव मही  
व्दारा संचालित



कै. लक्ष्मीबाई माध्यमिक आश्रमशाळा

शिवणी आरमाळ ता.दे.राजा जि.बुलडाणा

**प्रमाणपत्र**

**(क्रिडा स्पर्धा २०१९ - २०२०)**

प्रमाणपत्र देण्यांत येते की,

नांव आदित्य विजय खरात

वर्ग ९ वा याने / हिने चकतृत्व स्पर्धा / चित्रकला स्पर्धा /

क्रिडा स्पर्धा २०२० निमित्त आयोजित संगित स्पर्धा या

स्पर्धेमध्ये भाग घेतला. त्याला/तिच्या प्रथम

पारितोषीकाने सन्मानित करण्यात आले.

दिनांक : २६/१/२०२०

  
मुख्याध्यापक

कै. लक्ष्मीबाई माध्यमिक आश्रमशाळा  
शिवणी आरमाळ ता.दे.राजा जि.बुलडाणा





**ANJANA ASHRAY FOUNDATION**

# **CERTIFICATE**

**This is to certify that**

**Mr/Mrs/Mst** Aditya. vijay kharat

has participated in the Gola Fek held on

25/01/2023, organised by Anjana. Ashray Foundation.

25/01/2023

*Date*

**Mr Anil More**  
President :- Buldhana District  
For  
**ANJANA ASHRAY FOUNDATION**



ANJANA ASHRAY FOUNDATION

# CERTIFICATE

This is to certify that

Mr/Mrs/Mst Aditya Viraj Kharat

has participated in the Rope Pull held on

—, organised by Anjana Ashray Foundation

25/01/2023

*Date*

**Mr Anil More**  
President :- Buldhana District  
For  
ANJANA ASHRAY FOUNDATION