



ANNEXURE-I

TEAM REGISTRATION FORM

(Submit in Duplicate)

Hosted by

The Assam Royal Global University (Guwahati)
Under the aegis of Association of Indian Universities



1.Name of the University / Institution:

2.Number of Participants :

Details	Male	Female	Total
Student Participants			
Accompanists (Students + Professionals)			
Team Manager / Contingent In-charge			
Total composition of contingent			

(Total number of members in a contingent should be within 49 or 54) as the case may be

3. Name of the Head of Institution or Dean Students' Welfare

Address

Phone no.....E-mail.....

4. Name of the Contingent In-Charge(s)

Address

Phone no.....E-mail.....

Travel Plans

1. Arrival at The Assam Royal Global University, Guwahati, Assam

Bus Train Flight Other

Arrival Date: Time: Flight/Train no.:

Departure Date: Time:

Bus Train Flight Other

Departure Date: Time: Flight/Train no.:

Signature of Director Dean Students' Welfare /Cultural Coordinator

(official Stamp)

*Important: Please e-mail one copy of this form imediately to karmotsav2.0@rgu.ac
on or before 31st January 2024



ANNEXURE-II (A) ELIGIBILITY CERTIFICATE

Participants & Accompanists
(Make photocopy of this form for each participant & Accompanist)
(Individual Form)

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A. General Information:

1. University/Institution Name:
2. Address of University/Institution:

B. Personal Information (to be filled in BLOCK LETTERS)

1. Name of Participant
2. Gender: Male/Female/Others.....
3. Father / Mother's Name.....
4. Date of Birth as per X(10th) Board Certificate (attach attested copy)..... DD/MM/YY
5. Age as on 1st July 2023, Years Month Days
6. Year of passing XII (+2) standard DD/MM/YY
7. Course in which presently studying: Course Subject
(Attach attested copy of identity Card) Roll No Regis. No.
8. Department / College :
9. Whether you are a participant / Accompanist.....
10. Email ID Mobile No.
11. No. of times participated in Zonal / National Festivals:
12. Item participated in



The above particulars furnished by me are correct and true to the best of my knowledge.

Date:

.....
(Signature of Student Participant / Accompanist)

Certified that the particulars provided above have been verified and found to be correct to the best of our Knowledge.

Head of University/Dean/ Principal
Signature, Seal & Date

(DSW / Cultural Coordinator)
Signature, Seal & Date

For Office Use Only:

(Eligible/Not Eligible (Reason, if not eligible):
Signature of the Head/Registration Committee



ANNEXURE-III
CURRICULUM VITAE OF PARTICIPANT
ACCOMPANYING ARTIST



1. Name :

2. University :.....

3. Class Studying :.....

4. Residential Address :.....

.....

..... Phone No. :.....

5. No. of times participated in :.....
 Zonal / National Festival

6. Performance and Distinction :.....
 earned in the field

7. Distinction in other fields, if any :.....

(Director/Dean/Principal)
 official Seal

(DSW / Cultural Coordinator)
 Signature, Seal & Date

FOR OFFICE USE ONLY: <input type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible (Reason, if not Eligible): (Authorized Signatory)



ANNEXURE-V FINAL REGISTRATION FORM



1. Name of the University :.....
2. Name of the Team Manager :.....
3. Mobile Number :.....
4. Event : Music Theatre Dance Literary Fine Arts (Select one)

LIST OF PARTICIPANTS

(Please submit Synopsis in English along with this form in case of Theatre and Dance Events)

Name of the Participants (in BLOCK letters)	S/o D/o (in BLOCK LETTERS)	Male / Female	Date of Birth	Remarks (for Office use only)

Date & Time

Signature of Team Manager

Comments of Event Coordinator : Eligible Not Eligible
 All Student Participants are eligible and verified with the Official List
 SL.No. is / are not eligible

Signature of the Coordinator