



32<sup>nd</sup> INTER-UNIVERSITY CENTRAL ZONE  
YOUTH FESTIVAL  
**SANGWARI**  
November 17-21, 2016



Ref. No.: 1921/DSW/2016

Date: 09/11/2016

To

The Vice Chancellor/Registrar/ Dean, Students Welfare/Cultural Coordinator  
All Universities of Central Zone

Sub : Regarding email-id changes in annexure-I, 32<sup>nd</sup> Inter-University Central Zone  
Youth Festival at Pt. Ravishankar Shukla University Raipur (C.G)

Dear Sir/Madam,

The purpose of this is to convey to you our **sincere apologies** for any inconvenience you may have experienced with respect to wrong information about e-mail id in annexure -I. **The new annexure-I have been successfully updated with the correct e-mail id.** We sincerely apologies for our mistake and inconvenience caused to you. We will make sure that no other such complains would come to you in any possible manner and we will not disappoint you further ahead, hope for your maximum participation. And please send recently complete annexure I to V to the provided email id till 14<sup>th</sup> November 2016.

Please send an advance copy of your entry to **Prof Neeta Bajpai**, Dean Student Welfare-cum Convenor, 32<sup>nd</sup> Inter University Central Zone Youth Festival, Pt. Ravishankar Shukla University, Raipur by post or e-mail to **bajpaineta@gmail.com pro\_ptrsurapur@yahoo.in**. Cell : 09425258422

Looking forward to your active participation and cooperation.

Culturally yours,

(Prof Neeta Bajpai)

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Organized by

**Pt. Ravi Shankar Shukla University, Raipur, Chhattisgarh**

*In collaboration with*

**ASSOCIATION OF INDIAN UNIVERSITIES (AIU), NEW DELHI**

*(Sponsored by : The Ministry of Youth Affairs & Sports)*

**Websites: [www.prsu.ac.in](http://www.prsu.ac.in) or [www.aiu.ac.in](http://www.aiu.ac.in)**



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**ANNEXURE-I  
TEAM REGISTRATION FORM (Submit in Duplicate)**

- 1) Name of the University :
- 2) Number of Participants :

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

(TOTAL NUMBER OF CONTINGENT SHOULD BE WITHIN 40)

Name of the Dean, Student's Welfare and Address with phone number and email ID:

\_\_\_\_\_

Name of the Contingent In-charge and Address with phone number and email ID:

\_\_\_\_\_

**TRAVEL PLANS**

1) Arrival at Pt. Ravishankar Shukla University, Raipur

Date..... Time.....

Bus..... Train.....

Departure Date & Time.....

(Signature of Dean Students Welfare / Cultural Coordinator)

Official Stamp:

**Imp: Please mail/email a copy of this completed form [neetabajpai@gmail.com](mailto:neetabajpai@gmail.com) & [pro\\_ptrsurairpur@yahoo.in](mailto:pro_ptrsurairpur@yahoo.in) on or before November 15, 2016**

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