



GONDWANA UNIVERSITY, GADCHIROLI

(Established by Government of Maharashtra Notification No. MISC -2007/(322/07) UNI -4 Dated 27th Sept. 2011 & Presently a State University governed by Maharashtra Public University Act, 2016 (Maharashtra Act No. VI of 2017)

Office of the Director Students' Development

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पत्र क्र. No.GU/DSW / 46 /2026

Dt: 16/01/2026

सुधारीत

प्रति,

मा. प्राचार्य

संलग्नित यादीतील महाविद्यालय
गोंडवाना विद्यापीठ, गडचिरोली.

विषय : राज्यस्तरीय संशोधन उत्सव अविष्कार २०२५-२६ करीता निवड यादीबाबत व दस्ताएवज पडताळणीबाबत.

महोदय/महोदया,

उपरोक्त विषयान्वये आपणास कळविण्यात येते की, राज्यस्तरीय संशोधन उत्सव अविष्कार २०२५-२६ चे आयोजन वसंतराव नाईक मराठवाडा कृषि विद्यापीठ, परभणी येथे दिनांक २७ ते ३१ जानेवारी २०२६ या कालावधी मध्ये करण्यात आले आहे. त्या अनुषगाने दिनांक १२ ते १३ जानेवारी २०२६ या कालावधी मध्ये आंतर महाविद्यालयीन संशोधन उत्सव अविष्कार २०२५-२६ चे आयोजन गोंडवाना विद्यापीठ, गडचिरोली येथे करण्यात आले होत.

सदर संशोधन उत्सव मधून विद्यापीठ संघाची निवड करण्यात आली असून संलग्न यादीतील विद्यार्थ्यांनी दिनांक १९ जानेवारी २०२६ रोजी सकाळी ११.३० वाजता दस्ताएवज पडताळणी व एक दिवसीय कार्यशाळेचे आयोजन करण्यात आले असून करीता उपस्थित राहावे ही, विनंती

सुचना :

- ✓ दिनांक १९ जानेवारी २०२६ रोजी सकाळी ११.३० ते दुपारी ०२.०० वाजेपर्यंत दस्ताएवज पडताळणी आयोजित करण्यात आली आहे. सदर वेळेत न आल्यास त्यांचा विद्यापीठ संघाकरिता विचार केला जानार नाही याची सर्वांनी नोंद घ्यावी.



(डॉ. प्रिया गेडाम)

संचालक

विद्यार्थी विकास विभाग
गोंडवाना विद्यापीठ, गडचिरोली

सोबत :

१. निवड यादी.
२. आवश्यक दस्ताएवज (०१ मुळ प्रत व ०२ झेरॉक्स प्रत आवश्यक)
३. Abstract संलग्न करणे आवश्यक आहे..

State Level Inter University Research festival

Aavishkar २०२५-२६

Selected Student list

सुधारीत

Sr. No.	Level	Student Name	College Name
Humanities, Languages & Fine Arts			
1	UG	Rama R. Sardar	F.E.S. Girls College Chandrapur
2		Karina N. Kapgate	Yadavrao Poshettiwar College talodhi
3		Sakshi D. Ghonmode	Yadavrao Poshettiwar College talodhi
4	PG	Krantiveer S. Sidam	Janata College Chandrapur
5		Mrunali P. Wadhai	Yadavrao Poshettiwar College talodhi
6		Payal K. Kamdi	Gramgeeta College Chimur
7	PPG	Pradip G. Zade	Shivji College Gadchiroli
8		Ashish R. Derkar	Dr. Khatri College Tukum
Commerce, Management & Law			
9	UG	Pritam Ashok Sonune	Sardar Patel Mahavidyalay, Chandrapur
10		Sahil Sanjay Gaware	Kewalramji Harde Mahavidyalaya Chamorshi
11		Nandini Vinod Meshram	Yadavrao Poshettiwar Arts College Talodhi
12	PG	Khushi Vijay Tagram	Dr. Ambedkar College Chandrapur
13	PPG	Lata Bhanudas Page	Sardar Patel Mahavidyalay, Chandrapur
Pure Sciences			
14	UG	Purva H. Zode	Shri. Dyanesh College Navargaon
15		Tanmay Arvind Bagde	M.G. College Armori
16		Anike A. Kalgattiwari	Chintamani College Gondpipari
17	PG	Kaustubh Rajesh Khandait	S.P. College Chandrapur
18	PPG	Vaibhav L. Junghare	Dr. Ambedkar College Chandrapur
19		Shruti P. Dhale	Anand Niketan College Warora
Agriculture & Animal Husbandry			
20	UG	Vaibhav S. Barekar	Gramgeeta College Chimur
21		Sungharsh B. Patil	Dr. Ambedkar College Chandrapur

22		Sampada K. Pendam	M.G. College Armori
23	PG	Aishwarya S. Maheshkar	Dr. Khatri College tukum
24		Jaya J. Mahadole	Shri. Dyanesh College Navargaon
25	PPG	Deepa S. Sathe	Dr. Ambedkar College Chandrapur

Engineering & Technology

26	UG	Jay R. Nikure	S.P. College Chandrapur
27		Pranali A. Upare	Dr. Khatri College Tukum
28		Tejas K. Kawle	S.P. College Chandrapur
29	PG	Prayag K. Nete	Dr. Ambedkar College Chandrapur
30		Amit B. Patil	Dr. Khantri College Tukum
31		Nikhil D. Singh	Dr. Khantri College Tukum
32	PPG	Sheetal R. Billore	S.P. College Chandrapur
33		Pranay M. Nandanwar	PGTD Gondwana Uni. Gadchiroli

Medical & Pharmacy

34	UG	Pranhita P. Meshram	Chintamani College
35		Himanshu B. Tapase	Hi-tech College of Pha. Chandrapur
36		Shankar S. Bisen	Hi-tech College of Pha. Chandrapur
37	PG	Priyanka B. Madavi	Dr. Khatri College Tukum
38		Anal R. Nagrare	Gramgeeta College Chimur



(डॉ. प्रिया गोडाम)

संचालक

विद्यार्थी विकास विभाग

गोंडवाना विद्यापीठ, गडचिरोली

1. Documents to be Submitted at the Registration Desk

Following documents are to be submitted by the Team Managers of the Participating University on the first day of the convention at the Registration Desk as mentioned in the schedule.

Level: UG

- 1) Printout of Information of the Participants, Research Projects and Mentors (Downloaded from the Registration Portal) (Original)
- 2) Identity Card of the Current Academic Year (Original)
- 3) Identity Card of the Current Academic Year (Attested Photocopy)
- 4) Fees Receipt of the Current Academic Year (Original)
- 5) Fees Receipt of the Current Academic Year (Attested Photocopy)
- 6) School Leaving Certificate or SSC Certificate or Birth Certificate (Attested Photocopy)
- 7) 12th Class / HSC Marksheets (Attested Photocopy)
- 8) Mark Sheet/s of Previous Semester Examinations (Attested Photocopy/ies)
- 9) Undertaking by the Participating Student (Original) (**Annexure 3**)
- 10) Responsibility Certificate (Original) (**Annexure 4**)
- 11) Bonafide Certificate (Original) (**Annexure 5**)
- 12) Physical Fitness Certificate (Original) (**Annexure 6**)
- 13) Verification Certificate (Original) (**Annexure 7**)

Note: Submit the documents mentioned in above points 1 to 13 student-wise

LEVEL: PG

- 1) Printout of Information of the Participants, Research Projects and Mentors (Downloaded from the Registration Portal) (Original)
- 2) Identity Card of the Current Academic Year (Original)
- 3) Identity Card of the Current Academic Year (Attested Photocopy)
- 4) Fees Receipt of the Current Academic Year (Original)
- 5) Fees Receipt of the Current Academic Year (Attested Photocopy)
- 6) School Leaving Certificate or SSC Certificate or Birth Certificate (Attested Photocopy)
- 7) 12th Class / HSC Marksheets (Attested Photocopy)
- 8) Mark Sheet/s of Previous UG Semester Examinations (Attested Photocopy/ies)
- 9) Mark Sheet/s of Previous PG Semester Examinations (Attested Photocopy/ies)
- 10) Undertaking by the Participating Student (Original) (**Annexure 3**)
- 11) Responsibility Certificate (Original) (**Annexure 4**)
- 12) Bonafide Certificate (Original) (**Annexure 5**)
- 13) Physical Fitness Certificate (Original) (**Annexure 6**)

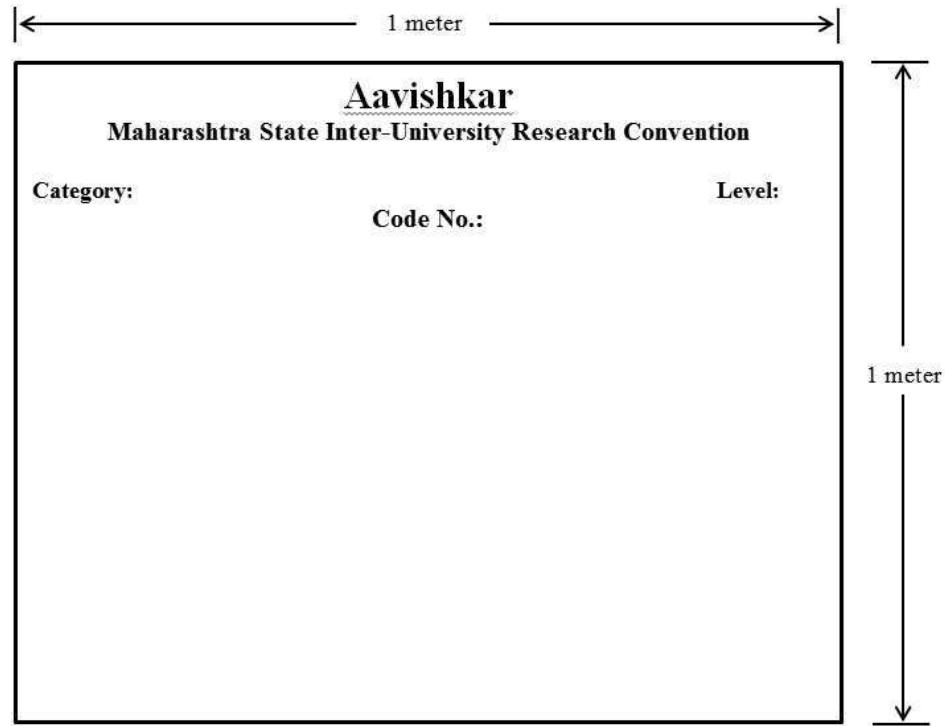
14) Verification Certificate (Original) (**Annexure 7**)

Note: Submit the documents mentioned in above points 1 to 14 student-wise

LEVEL: PPG

- 1) Printout of Information of the Participants, Research Projects and Mentors (Downloaded from the Registration Portal) (Original)
- 2) Identity Card of the Current Academic Year (Original)
- 3) Identity Card of the Current Academic Year (Attested Photocopy)
- 4) Fees Receipt of the Current Academic Year (Original)
- 5) Fees Receipt of the Current Academic Year (Attested Photocopy)
- 6) Mark Sheet of UG Last Semester Examination (Attested Photocopy)
- 7) Mark Sheet of PG Last Semester Examination (Attested Photocopy)
- 8) Research Programme Selection Committee Report of College/Institute/Department (Attested Photocopy)
- 9) Research Programme Scheme/Topic Approval Letter of the University (Attested Photocopy)
- 10) Research Programme Registration Certificate/Letter of the University (Attested Photocopy)
- 11) Undertaking by the Participating Student (Original) (**Annexure 3**)
- 12) Responsibility Certificate (Original) (**Annexure 4**)
- 13) Bona fide Certificate (Original) (**Annexure 5**)
- 14) Physical Fitness Certificate (Original) (**Annexure 6**)
- 15) Verification Certificate (Original) (**Annexure 7**)

Annexure No. 1
Format for the Poster



Annexure No. 2
Format for the First Slide for the Podium Presentation

<p>Aavishkar Maharashtra State Inter-University Research Convention</p>	
Category:	Level:
<p>Title of the Research Project</p>	
Code No.:	

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)

Signature of the
Director, Students'
Development/Welfare or
Director, Innovation, Incubation
and Linkages of the
Participating University

Place: