



# कला उत्सव



## 1st INTER-UNIVERSITY YOUTH FESTIVAL

26-28 March 2025

HOSTED BY

**CENTRAL UNIVERSITY OF RAJASTHAN**  
(NAAC ACCREDITED A++ GRADE, CATEGORY 1 INSTITUTION)









Central University of Rajasthan  
(NAAC Accredited A++ grade University)

Category I  
TEAM REGISTRATION FORM (Submit in Duplicate)

Name of University:.....

	Male	Female	Total
Student Participants			
Accompanists (Students /Professionals)			
Team Manager/Contingent In-Charge			
Total Composition of Contingent			

Name of Dean, Student's Welfare and Address with Mob. no. and Email-ID:

.....  
.....

Name of the Contingent In-Charge and Address with Mob no. and Email-ID:

.....  
.....

**TRAVEL PLANS (Arrival at Central University of Rajasthan)**

Date of Arrival:..... Arrival Time:.....

Date of Departure:..... Departure Time:.....

**IF BUS:**

Arrival Date and Time:.....

Departure Date and Time:.....

**IF TRAIN:**

Arrival Train Name/Number:.....

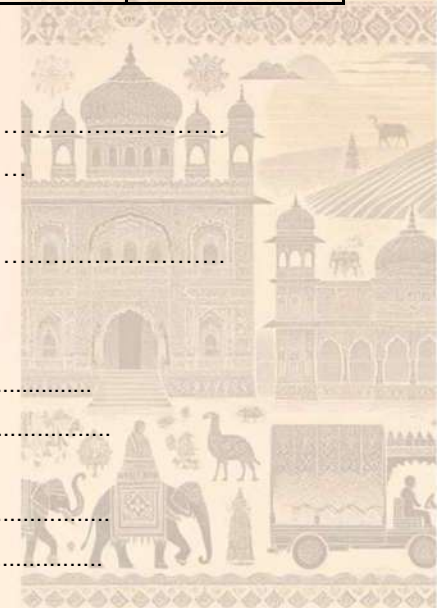
Date and Time:.....

Departure Train Name/Number:.....

Date and Time:.....

Signature of Dean of Students Welfare/Cultural Coordinator

(Official Stamp)





**Central University of Rajasthan**  
**(NAAC Accredited A++ grade University)**  
**Individual Eligibility Certificate Form**  
**(Participants/Accompanists)**

**General Information**

Name of University:.....

**Personal Information**

1. Name of Participant : .....

2. Sex (Male/Female):.....

3. Father's name/Mother's name:.....

4. Date of Birth as per Xth Board Certificate( attached an attested copy)

DD/MM/YY:.....

5. Age as on 1st July 2024:.....Years .....Months .....Days

6. Aadhar No.:.....

7. Year of passing XII (10+2) standard:.....

8. Course/Class in Which studying:

Course:..... Subject:.....

Enrollment Number:.....

9. Department/College:.....

10. Whether a participant or an Accompanist: .....

11. Telephone number:..... Mobile Number:.....

12. Email ID:.....

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

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

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

**(Director/Dean/Principal)**

**(DSW/Cultural Coordinator)**

**Official Seal**

**Official Seal**

Attached Documents

1. Xth Certificate (DOB)
2. XIth Board Certificate
3. University ID Card
4. Aadhar Card is mandatory
5. 4 Photograph

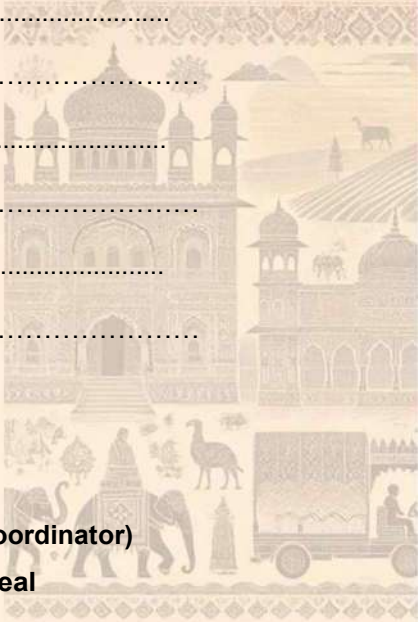
For Office use only: (Eligible/Not Eligible)  
Reason, if not eligible

**Authorized Signature**



**Curriculum Vitae of Participant / Accompanying Artists**  
**Note: This Performa is to be filled in by each member of the Contingent**

1. Name : .....
2. University : .....
3. Class Studying:.....
4. Residential Address:.....  
.....
5. Contact No. : .....
6. No. of times participated in Zonal/ National Festivals :.....  
.....
7. Performance and Distinction earned in the field:.....  
.....
8. Distinction in other fields, if any :.....  
.....



**(Director/Dean/Principal)**  
**Official Seal**

**(DSW/Cultural Coordinator)**  
**Official Seal**

**FOR OFFICE USE ONLY: Eligible/ Not Eligible:**  
**(Reason, if not eligible .....** )



## MASTER ENTRY FORM

1. Name of the University:.....

2. Names of Participants and Accompanists in:

MUSIC            THEATRE            DANCE            LITERARY            FINE ARTS

(Please tick one of the main categories of the event, and then enter the item-wise name within the category. Fill in separate forms for all the main category items, say Music, then says Group Song Indian, then accompanist in One Act Play, Western Solo etc.)

Sr. No.	Name of the Participants (Please write in BLOCK LETTERS, this is how your name would appear on the certificates, Check the spellings)	Date of Birth	Item(s) in which Participating as a Participant	Item(s) in which Participating as an Accompanists
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

(Please make copies of this form for additional names)

(Contingent In-Charge)

(DSW/Cultural Coordinator)

FOR OFFICE USE ONLY: Eligible/ Not Eligible:

(Reason, if not eligible .....

Authorized Signature





## FINAL REGISTRATION FORM

(To be submitted to the Venue-In-Charge while reporting for participation)

1. Name of the University:.....
2. Name of Team Manager:.....
3. Mobile No.:.....

**EVEN: 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)

Date and Time

Signature of Team Manager

**FOR OFFICE USE ONLY:**

**Comments of Event Coordinator**

All Student Participants are Eligible and Verified with the Official List Sl.

No.....

is/are not eligible.

Signature of Event Coordinator



**Central University of Rajasthan**  
**(NAAC Accredited A++ grade University)**  
**Contact Details**

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**Dr. Hemlata Manglani-9982441665**  
**Dr. Dhanapati Shougrakpam-6009239379**  
**Email: [culturalcommittee@curaj.ac.in](mailto:culturalcommittee@curaj.ac.in), [registrar@curaj.ac.in](mailto:registrar@curaj.ac.in)**  
**Address: NH-8, Bandarsindri, Kishangarh, Ajmer,**  
**Rajasthan, 305817, India**

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