



GUJARAT UNIVERSITY

DEPARTMENT OF YOUTH WELFARE

ZONAL / INTER ZONAL YOUTH FESTIVAL

ELIGIBILITY CERTIFICATE FOR PARTICIPANTS

(NOTE: FORMS FILL IN THE CAPITAL BLOCK LETTERS)

Photo Stamped
and Signed by
the Principal

1. Name of the Zone : _____
2. Name of the College : _____
3. Name of the Participants: _____
4. Gender (Male / Female): _____ Category (GENERAL/OBC/SC/ST): _____
5. Father's Name: _____
6. Mother's Name: _____
7. Date of Birth as per X Board Certificate (DD / MM / YYYY): _____
8. Age as on 1st July, 2024: _____ Years _____ Months _____ Days
9. Year of Passing X (+2): _____ Course / Class in which studying : _____
10. Current Year Admission Fee Receipt No.: _____ Date : _____
11. Enrollment / Registration No. : _____
12. Name of the Events to Participate: _____
13. Participants Address: _____
14. Contact No.: (M) _____ (R) _____
15. E-mail ID: _____
16. Signature of Participants: _____

(The students who have not completed age 25 years as on 1st July 2024, must have not completed 8 (Eight) years after passing X class and 6 (Six) years after passing XII, should be enrolled in a full time degree course or diploma course of over 1 year duration)

I certify that the above mentioned information is true according to the best of my knowledge and belief.

Prof. In-Charge Signature
Date: _____

College Seal

Principal's Signature
Date: _____

To be filled by Convener

1. Verified the detail: _____
2. Eligible or Not – Eligible: _____
3. Reason for Not – Eligible: _____

Registration Committee _____ Convener _____