

GONDWANA UNIVERSITY, GADCHIROLI

(Established by Government ofMaharashtra Notification No. MISC -2007/(322/07) UNI -4Dated27th 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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(I/c.) Director Students' Welfare पत्र क्र. No.GU/DSW / 609 /2025

Dt: 09.10.2025

प्रति.

मा. प्राचार्य/विभाग प्रमुख संलिग्नित महाविद्यालय व पदव्युत्तर शैक्षणिक विभाग गोंडवाना विद्यापीठ, गडचिरोली

विषय :इंद्रधनुष्य २०२५ निवड यादीबाबात.

महोदया.

उपरोक्त विषयान्वये आपणास कळविण्यात आनंद होत आहे की, राज्यस्तरीय आंतर विद्यापीठ सांस्कृतीक युवा महोत्सव इंद्रधुनघ्य २०२५ चे आयोजन दिनांक ०५ ते ०९ नोव्हेंबर २०२५ या कालावधी मध्ये कवियत्री बिहनाबाई चौधरी उत्तर महाराष्ट्र विद्यापीठ, जळगाव येथे करण्यात आले आहे. विद्यापीठाच्या सांस्कृतिक संघ वेगवगळ्या २६ सांस्कृतीक कार्यक्रम प्रकारामध्ये भाग घेत असतो. शैक्षणिक सत्र २०२५-२६ साठी निवड चाचणी दिनांक १७ ते १९ सप्टेंबर २०२५ या कालावधी मध्ये करण्यात आली होती. त्या अनुषंगाने इंद्रधनुष्य २०२५ निवड चाचणीच्या निकाल जाहीर करीत आहे.

संलिग्नित यादीतील विद्यार्थ्यांनी **दिनांक १३ ऑक्टोबर २०२५ रोजी सकाळी ११.३० वाजता** कागदपत्र पळताळणी करीता उपस्थित राहावे. प्रतिक्षा यादीतील विद्यार्थ्यांनी सुध्दा कागदपत्र पळताळणी करीता उपस्थित राहणे अनिर्वाय आहे



(डॉ. प्रिया गेडाम) संचालक विद्यार्थी विकास विभाग गोंडवाना विद्यापीठ, गडचिरोली

धन्यवाद!

सूचना:

- १. दि. १३ ते १८ ऑक्टोबर २०२५ व २५ ऑक्टोबर ते ९ नोव्हेंबर २०२५ या कालावधी मध्ये इंद्रधनुष्य प्रशिक्षण शिबीर आयोजित करण्यात आले आहे. याच तयारीने विद्यार्थ्यांनी दिनांक १३ ऑक्टोबर २०२५ ला उपस्थित राहणे अनिवार्य आहे.
- २. संलग्नित यादीतील कागदपत्रे विद्यार्थ्याकडे ०२ झेरॉक्स प्रत असने अनिवार्य आहे. नसल्यास त्यानां अवेध करण्यात येईल व संघाकरिता त्यांचा विचार करण्यात येणार नाही याची सार्वनी नोंद घ्यावी.
- ३. प्रशिक्षण तसेच इंद्रधनुष्य स्पर्धे दरम्यान कोणत्याही विद्यार्थी/विद्यार्थीनीचे गैरवर्तन आढळल्यास त्यांचे निवड तात्काळ रद्द करण्यात येईल व पुढील इंद्रधनुष्य करीता त्यांचा विचार केला जाणार नाही.
- ४. इंद्रधनुष्य करीता निवड झालेल्या विद्यार्थ्यांकडे आपल्या महाविद्यालयाचे ओळाखपत्र सोबत आनने अनिवार्य आहे
- ५. सोबत ०५ पासपोट साईज फोटो

State Level Inter-University Indradhanushya Audition 2025-26 Selected Student List

Sr. No	Student Name	College Name	
	Selected Student List		
1	Gayatri Lakshaman Thipe	F.E.S. College Chandrapur	
2	Prajwal Dharmendra Meshram	Hi-Tech College of Pharmacy, Chadrapur	
3	Sakshi Ravindra Chunarkar	Shri. DnyaneshMahavidyalay, Navargaon	
4	Sudhir Deshmukh	Nevajabai Hitkarini Mahavidyalay,	
		Bramhapuri	
5	Fakira Arun Nikhade	Lokmanya Mahavidyalay, Warora	
6	Naresh Nanaware	Rashtrapita Mahatma Gandhi art and	
		science College Nagbhid	
7	Priyanka Shyamkumar Thakare	Adarsh art and commerce College	
		desaiganj wadasa	
8	Sayli Roje	Shri Shivaji Arts',Com & Sci. College	
		Rajura	
9	Kunal Kawade	R.M.G. College Saoli	
10	Shruti Uttam Nikure	Sardar Patel Mahavidyalay Chandrapur	
11	Krantiveer Sanjay Sidam	Janta Mahavidyalay Chandrapur	
12	Sakshi Gulab Dhengare	Ars & Comm. College Bhisi	
13	Prabhodhini S. Mankar	Chintamani College Pombhurna	
14	Mayuri Alam	Sardar Patel Mahavidyalay, Chandrapur	
15	Savita Nannaware	Gramgeeta Mahavidyalay, Chimur	
16	Gayatri Wandre	Ars & Comm. College Bhisi	
17	Snehal Meshram	M.D.C. College GUG Gadchiroli	
18	Pritam Bankar	Mahatma Gandhi College Armori	
19	Tanmaiye Kodape	M.D.C. College GUG Gadchiroli	
20	Tirupati Kishtayya Kallemwar	S.B. Arts & Comm. College Aheri	
21	Manisha Lahuji Madavi	P.G.T.D Godwana University, Gachiroli	
22	Amruta Wankar	Dr. Ambedkar Collge of Arts Com. & Sci	
		Chandrapur	
23	Bharti Ghongade	Chintamani College Pombhurna	
24	Reshama Kusram	M.D.C. College GUG Gadchiroli	
25	Jagruti Chokare	M.D.C. College GUG Gadchiroli	
26	Viashnavi Kudmethe	Bhagwantrao College Etapalli	
27	Saniya Zade	S.B. Arts & Comm. College Aheri	
28	Vaidyanivi Burande	Chintamani College Pombhurna	

29	Krina Gawade	Bhagavnatrao College Etapalli
30	Neha Dahare	M.D.C. College GUG Gadchiroli
31	Sayali Gurnule	Shri. Dnyanesh Mahavidyalay,
		Navargaon
32	Nirbhay Lonkhande	Adarsh Arts & Commerce, College
		Desaiganj (Wadsa)
33	Utkarsha Barapatre	Sardar Patel Mahavidyalay, Chandrapur
34	Vaibhav Soyam	Chintamani College art & Sci.
		Gondpipari
35	Jivan Ghuguskar	PGTD Gondwana University, Gadchiroli
36	Sachin Gawadw	Bhagavnatrao College Etapalli
37	Payal Bambole	Adarsh Arts & Commerce, College
		Desaiganj (Wadsa)
38	Pranay Wadhive	Sardar Patel Mahavidyalay, Chandrapur
39	Janiya Sawaimul	SRM College Chandrapur
	Waiting Student list	
1	Saniya Rajurkar	M.D.C. College GUG Gadchiroli
2	Khushi Gomase	M.D.C. College GUG Gadchiroli
3	Dhanashree Kale	Sardar Patel Mahavidyalay, Chandrapur
4	Prachi Vatti	Dr. Ambedkar Collge of Arts Com. & Sci
		Chandrapur
5	Sakshi Khobragade	Ars & Comm. College Bhisi



(डॉ. ग्रिंया गेडाम) संचालक विद्यार्थी विकास विभाग गोंडवाना विद्यापीट, गडचिरोली

GONDWNA UNIVERSITY, GADCHIROLI Student Development Department State Level Inter-University Indradhanushya

Document List for Verification

- 1. Student Entry Form (Annexure B)
- 2. Identity Card of the Current Academic Year of all Participants (Original and Attested Photocopy of each)
- 3. Fees Receipt of the Current Academic Year all Participants (Original and Attested Photocopy of each)
- 4. School Leaving Certificate. (Attested Photocopy of each)
- 5. 10th & 12th Marksheet (Original and Attested Photocopy of each)
- 6. All Semester Examination Mark sheet (Attested Photocopy of each)
- 7. Undertaking from all Participating Students (Original) (Annexure 1)
- 8. Responsibility Certificate from all Participating Students (Original) (Annexure 2)
- 9. Bonafide Certificate from all Participating Students (Original) (Annexure 3)
- 10. Physical Fitness Certificate from all Participating Students (Original) (Annexure

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11. Verification Certificate from all Participating Students (Original) (Annexure 5)



GONDWANA UNIVERSITY, GADCHIROLI

Student Development Department
State Level Inter-University Indradhanushya Audition

ENTRY FORM FOR STUDENTS

Event Name	
PRN No.	
Full Name	
Father Name	
Mother Name	
Date of Birth	
Email ID	
Mobile No.	
Parents Mobile No.	
Gender	
10 th Passing Year	
12 th Passing Year	
Name of Present course	
Semester	
Course Type	
College Name	

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 **Indradhanushya: Maharashtra State Inter-University Youth Festival** to be held at following Host University as per following dates at my own risk.

Name of the Host University	
Dates of the Indradhanushya	

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 Indradhanushya: Maharashtra State Inter-University Youth Festival.

I, further undertake to state that I shall be abiding by all RULES and REGULATIONS (Guidelines) of the Indradhanushya: Maharashtra State Inter-University Youth Festival and shall be liable for strict disciplinary action for violation of the same.

Name of the Student Participant	
Name of the University	
Mobile No. of the Student Participant	
Title of Event/s Participated	
Date	
Signature of the Student Participant	

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 Indradhanushya: Maharashtra State Inter-University Youth Festival to be held at following Host University as per following dates at my own risk.

Name of the Host University	
Dates of the Indradhanushya	

If any accident or death occurs during the Indradhanushya, 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 the Indradhanushya.

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	
Title of Event/s Participated	
Date	
Signature of the Parent / Guardian	

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/

Place: University Department)

Signature of the
Principal of the College /
Director of the Institute /
Head or Director of the
Academic Department
of the Participating
University

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 Indradhanushya: Maharashtra State Inter-University Youth Festival. He/She is not suffering from any communicable or chronic disease, which may cause any hindrance due to his/her participation in Indradhanushya: Maharashtra State Inter-University Youth Festival.

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
Place:	Seal and Registration No.

Verification Certificate

(To be given by Director, Students' Development/Welfare 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.

Provide the second seco	
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.	
Title of Event/s Participated	

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

Place:

Director, Students'
Development/Welfare
of the Participating University