

Shri Mata Vaishno Devi University
Ekatva 2025 - Inter-University Competition
Participation Permission Form

PARTICIPANT DETAILS

Participation Type: [Individual / Team] _____

Total Number of Participants (if team): _____

Participant(s) Name(s):

1. _____

2. _____

3. _____

(Add more names if required)

Contact Number(s): _____

Email ID(s): _____

University Name: _____

Department: _____

Event Participating In: _____

Date(s) of Participation: _____

INSTITUTIONAL PERMISSION & VERIFICATION

This is to certify that (Participant's Name(s)), bonafide student(s) of (University Name),
is/are permitted to participate in Ekatva 2025 at Shri Mata Vaishno Devi University.

The university has no objection to their participation, and they will adhere to all event rules and regulations.

Furthermore, the participants shall abide by the code of conduct and disciplinary policies as set by
Shri Mata Vaishno Devi University throughout the event duration.

AUTHORIZATION BY HEAD OF DEPARTMENT / UNIVERSITY OFFICIAL

Name: _____

Designation: _____

Contact Number: _____

Official Email ID: _____

Official Stamp & Signature: _____

Date: _____

DECLARATION BY PARTICIPANT(S)

I/We, (Participant's Name(s)), hereby declare that I/we have read and understood the rules and regulations of Ekatva 2025, organized by Shri Mata Vaishno Devi University. I/We acknowledge that any misconduct, violation of rules, or non-compliance with the event policies may result in disqualification.

Furthermore, I/we take full responsibility for our participation and any unforeseen circumstances that may arise during the event.

Participant(s) Signature(s):

1. _____

2. _____

3. _____

(Add more signatures if required)

Date: _____