मौलाना आज़ाद नेशनल उर्दू यूनिवर्सिटी र्यूट्यू गुनेवर्सिटी



MAULANA AZAD NATIONAL URDU UNIVERSITY (A Central University Established by an Act of Parliament in 1998) Gachibowli Hyderabad (T.S.) 500 032, Ph. 040 - 23006612,13,14, 15

NOTICE

All the student of MANUU are hereby informed that in connection with Azad Day Celebrations-2017. "Antakshari" Competition will be organised on 07.11.2017 at 2:00 pm Venue: DDE Auditorium. Interested students may register their names to participate in the competition on or before 03.11.2017.

All the HoDs and Provosts are requested put the brochure on Notice Board for Wide Publicity and to the students to take part in the programme.

Convener-Antakshari-2017.

To

- 1. All the Heads of the Departments & Directors of the Centers.
- 2. Provost-Boys Hostel
- 3. Provost-Girls Hostel

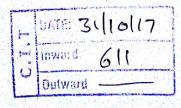
Copy to:

- 1. Honorable Vice Chancellor- MANUU (For information)
- 2. Pro-Vice Chancellor -MANUU (For information)
- 3. Registrar -MANUU (For information)
- 4. Chair person Azad Day Celebration Committee-2017(For information)

Enclosure:

CIT. Duector with Request to upload on the website

1. Brochure





AZAD DAY CELEBRATIONS - 2017

Literary and Cultural Programme Antakshari Competition

Venue: DDE Auditorium Date: 07-11-2017 Time: 2:00 pm

Last Date for registration 3-11-2017

Note:

Registration will be accepted in form of team only (3 persons in a team).

Registration will not be accepted after the last date. For registration contact:

- Dr. Karan Singh Utwal Asst. Professor, Dept. of Hindi, Manuu
- Mr.Sharat Chandra
 Asst. Professor, Polytechnic ,Manuu
- Dr. Mohd. Muzaffar Hussain Khan
 Asst. Professor, Dept. of Edn & Trg, Manuu
- 4 Dr.Sameena Basu Asst. Professor, Dept. of Edn & Trg, Manuu
- 5. Mr. Mohammed Mujahid Ali Producer, IMC, MANUU

(Dr. Karan Singh Utwal) Convener- Antakshari-2017



AZAD DAY CELEBRATIONS - 2017

Antakshari -2017 **REGISTRATION FORM**

| Name of the Student/Scholars (C | Capital Letters): | |
|---------------------------------|---|--------------------------|
| Programme of Study: | Enrollment No:_ | |
| Department: | Email.ID: | |
| Contact No: | | |
| Team Members: | | |
| 1 | | |
| 2 | | |
| 3 | | |
| | | Signature of the Student |
| AZAD | DAY CELEBRATIONS - Antakshari -2017 REGISTRATION FORM | 2017 |
| Name of the Student/Scholars (C | Capital Letters): | |
| Programme of Study: | Enrollment No:_ | |
| Department: | Email.ID: | |
| Contact No: | | |
| Team Members: | | |
| 1 | | |
| 2 | | |