

M.S.P. Mandal's

Balbhim Arts, Science & Commerce College, Beed

NAAC Reaccredited 'A*' Grade College with potential for Excellence UGC: Mentor College PARAMARSH

15th State Level SCIENCE EXHIBITION 2024

Organized on 4th Sept. 2024, 10 am to 3 pm

On Occasion of Birth Anniversary of —

Late Vinayakrao Patil

Founder Member of M.S.P. Mandal, Chhatrapati Sambhajinagar

DETAILS OF SCIENCE EXHIBITION :

- 1. The Students of UG & PG Classes are allowed to Participate in the Exhibition.
- 2. Each participant student has to pay Rs.100/- against entry fee.
- 3. Every individual has limitations to participate either in one event Model or Poster presentation (Poster Size 2×3 Feet).
- 4. Registration committee will register student participants on arrival, 4th Sept. 2024 (Wednesday).
- 5. The participants must bring identity card along with them.
- 6. Students are required to uphold discipline and follow the instructions of the organizing committee.
- 7. The final decision of the experts regarding the prize will remain unchanged.
- 8. The prizes, certificates and memento will be distributed at 4.00 p.m. on the same day in prize distribution ceremony.
- 9. Lunch facility will be provided.

FABULOUS PRIZES

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Model Event				Poster Event		
First Prize	:-	Rs. 3000/-		First Prize	:-	Rs. 3000/-
Second Prize	:-	Rs. 2000/-		Second Prize	:-	Rs. 2000/-
Third Prize	:-	Rs. 1500/-		Third Prize	:-	Rs. 1500/-
Consolation Priz	ze :-	Rs. 700/-		Consolation Priz	ze :-	Rs. 700/-
_		—— Coi	ntac	t us ———		

chemistrybalbhim@gmail.com Sunita.bhosle25@gmail.com drsschoudhari70@gmail.com

9673512777 9503531590 77190 56125

Organizing Committee

shindesuchita1982@gmail.com 9112343537 physicsram111@gmail.com

8888639309

Captain.Dr.S.S.Bhosle Convener Dr.Y.N.Bharate Coordinator

Dr.Ram Bhosale Member

Dr.A.D.Chindhe IQAC - Co-ordinator **Dr.S.S.Choudhari** Member

Prof.Dr.B.D.Kokate Vice Principal

Dr.S.B.Khamkar Member **Prof.Dr.S.S.Undare** Principal

Registration No. : F-47 Chhatrapati Sambhajinagar Estd. Year : June 1960 Off. : 02442 - 222470,231094 Fax. : 02442 - 224739

Marathwada Shikshan Prasarak Mandal's, Balbhim Arts, Science & Commerce College,Beed

Dr. Santosh Undare

I/c Principal M.Sc.,SET.,GATE., Ph.D.



Dist Beed (M.S.) - 431 122

NAAC Reaccredited (IV cycle) A⁺ Grade College with Potential for Excellence UGC : Mentor College Under PARAMARSH

(Permanently Affiliated to Dr.Babasaheb Ambedkar Marathwada University, Chhatrapati Sambhajinagar)

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Ref.No.ASCB/

Date: 12/08/2024

To

The Principal

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Subject: Regarding the participation in 15th State Level Science Exhibition on 04/09/2024

Sir,

To mark the birth anniversary of late Vinayakraoji Patil, Founder of Marathwada Shikshan Prasarak Mandal, Chhatrapati Sambhajinagar and to boost & enhance the intelligence of students of science in special and of other faculties in general, our college is going to organize the 15th State Level Science Exhibition on 04/09/2024 on any topic of science.

You are requested to go through the pamphlet and send a team of students of your college who wish to participate in this exhibition.

I do hope that you will send a team from your college to participate in the Science Exhibition and oblige.

Schedule:

- Inauguration at 10.00 a.m.
- Time limit for observation 10.00 a.m. to 03.00 p.m.
- Prize distribution programme at 4.00 p.m.

Thanking you in anticipation.

Yours,

Prof. Dr. S.S. Undare Principal I/C Principal Balbhim Art, Science & Comm College, Beed

Encl:

- 1) Pamphlet
- 2) Registration forms



M.S.P. Mandal's Balbhim Arts, Science & Commerce College Beed-431122 State Level Science Exhibition-2024 Pogistration Form



Registration Form

Model Allotment No.

Name of the College / Institution:	
Name of the Supervisor / Guide:	
Contact No. of Supervisor / Guide:	
Theme / Title of the Model:	

Name of Participants

Sr.	Nan	ne in Capital Letter	Mob. No.	Sign	
No.	Surname	First Name	Middle Name		

Remarks if any: _____

Receiver Sign. _____



M.S.P. Mandal's Balbhim Arts, Science & Commerce College Beed-431122 State Level Science Exhibition-2024 Pogistration Form



Registration Form

Poster Allotment No.

Name of the College / Institution:	
Name of the Supervisor / Guide:	
Contact No. of Supervisor / Guide:	
Theme / Title of the Poster:	

Name of Participants

Sr.	Nar	ne in Capital Lette	Mob. No.	Sign	
No.	Surname	First Name	Middle Name		

Remarks if any: _____

Receiver Sign. _____