

**Government of India**  
**Ministry of Parliamentary Affairs**  
**(Youth Parliament Section)**

**ADVERTISEMENT**

Applications are invited from interested Universities/Colleges for participating in the 13<sup>th</sup> National Youth Parliament Competition, 2015-16 organised by the Ministry of Parliamentary Affairs, **latest by 30<sup>th</sup> October, 2015**. The date(s) and venue of the Orientation Course for conducting Youth Parliament Competition would be intimated in due course to the participants. The details of the competition are available in the official website i.e. "**mpa.gov.in/MPA/result.aspx**". The participants sponsored by Universities/ colleges would be re-imbursed actual TA/DA as per their entitlement or cheapest Airfare in the economy class (shortest route) whichever is lower for attending the Orientation Course.

**Only Universities/Colleges recognised by Central / State Governments are eligible to participate** in the 13<sup>th</sup> National Youth Parliament Competition, 2015-16 for Universities/Colleges. The eligible Universities/Colleges who are willing to participate in the competition, the enclosed four proformas (**Annexure I to IV**) duly filled and countersigned by the Competent Authorities may be furnished to this Ministry **latest by 30<sup>th</sup> October, 2015**.

Further information, if any, can be asked from Section Officer, Youth Parliament Section, Ministry of Parliamentary Affairs, New Delhi, over Tele/Fax No. 011-23034759 during office hour.

Youth Parliament Section  
Ministry of Parliamentary Affairs  
Tele/FAX : 011-23034759  
e-mail ID : sorc.pa@nic.in

**ANNEXURE-I**

**PROFORMA FOR PARTICIPATING IN THE ORIENTATION COURSE OF THE  
13<sup>TH</sup> NATIONAL YOUTH PARLIAMENT COMPETITION, 2015-16  
FOR UNIVERSITIES/COLLEGES**

**(Details must be typed. Hand-written proforma will not be accepted)**

1.	Name of the University/College/ Institution applied for participation  (with full postal address, telephone & FAX Numbers)	
2.	Whether the University/College is recognized by the Central/State Govt.	
3.	Name of the affiliated University of participating College/Institution  (with full postal address, telephone & FAX Numbers)	
4.	Details of co-ordinator nominated by the University/College for participation in the Youth Parliament Competition :-	
	Name :	
	Designation :	
	Full Official Address :	
	Contact No (O) with STD Code :	
	FAX No (O) with STD Code :	
	Mobile No. :	
	E-Mail ID :	

**DECLARATION**

I have gone through the Scheme for the 13<sup>th</sup> National Youth Parliament Competition, 2015-16 and agree to abide by all the terms and conditions of the Youth Parliament Competition, 2015-16 for Universities/Colleges.

**Signature with stamp of  
the Dean/Registrar/Principal/Director  
of University/College/Institution**

**Place :**

**Date :**

**Countersigned by Vice-Chancellor/Registrar of the University  
with official stamp**

**Note :**

**Proforma in respect of Colleges/Institutions must be countersigned by the VC/Registrar of their concerned affiliated University otherwise their proforma will not be accepted by the Ministry for participation.**

**WILLINGNESS CERTIFICATE**

I \_\_\_\_\_ do hereby  
express my willingness to be the Group Coordinator, if appointed by Ministry of  
Parliamentary Affairs on terms & conditions mentioned in the Scheme.

Dated :

Signature\_\_\_\_\_

Name \_\_\_\_\_

Institution \_\_\_\_\_

Mobile No \_\_\_\_\_

E-mail \_\_\_\_\_

**Date (s) of Group Level Evaluation by April, 2016**

The following dates are probable dates of 1<sup>st</sup> Level Evaluation of the competition in respect of the Group of which I have been appointed as the Coordinator :-

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Dated :

Signature \_\_\_\_\_

Name \_\_\_\_\_

Institution \_\_\_\_\_

Mobile No \_\_\_\_\_

E-mail \_\_\_\_\_

**Date (s) of National Level Evaluation by July/August, 2016**

The following dates are probable dates of 2<sup>nd</sup> level evaluation of the competition in case this institution emerges as Group Level Winner. The dates are subject to convenience of Group Level Coordinator :-

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Dated :

Signature \_\_\_\_\_

Name \_\_\_\_\_

Institution \_\_\_\_\_

Mobile No \_\_\_\_\_

E-mail \_\_\_\_\_