



REGIONAL OFFICE
DAV INSTITUTIONS, ODISHA ZONE-I

Ref. : DAV RO(OD-I)/2019/ 564

20-07-2019
Date :

To

The Principal/Headmaster/Headmistress
CBSE/ICSE/BSE Schools
Odisha.

Sub:Participation in DAV Heritage Odisha Quiz 2019 conducted by
Regional Directorate, Odisha Zone-I.

Sir/Madam,

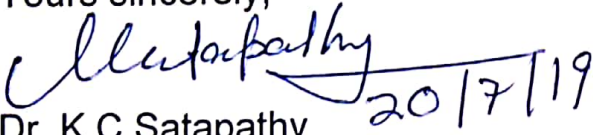
It is a matter of honour on our part to organize the 4th edition of DAV Heritage Odisha Quiz 2019 on the premises of DAV Public School, Chandrasekharapur, Campus-I, Bhubaneswar on 3 August 2019 at 11.30 a.m., where the chosen participants of all the categories of schools of Odisha (CBSE/ICSE/BSE and others) are going to participate. Basically, the questions will be put on the versatile heritage of the land.

In this context, on behalf of the DAV Regional Office, Odisha Zone-I, may I take the privilege to invite your school to participate in the said Quiz on the aforesaid date and time.

Please send the filled up Registration Sheet on or before 31 July 2019 by 5.00 p.m. which is enclosed herewith.

With regards,

Yours sincerely,


Dr. K.C. Satapathy
Regional Officer

Encl: Registration Form

At - DAV Public School, Chandrasekharapur, Sallashree Vihar, Bhubaneswar-21 (Odisha)
Phone No. : 0674-2740655 / 2740551 / 2740651, Fax: 0674-2744688, E-mail: davrodisha2@gmail.com
H.O. : DAV COLLEGE MANAGING COMMITTEE, CHITRA GUPTA ROAD, NEW DELHI - 110 055

REGIONAL OFFICE, DAV INSTITUTIONS, ODISHA ZONE-I
CHANDRASEKHARPUR, BHUBANESWAR-21

Details of the Quiz

1. Only 3 students fro Std. IX to XII of each school an participate.
2. Participants are required to produce the bonafide certificate from the concerned Head of the Institutions at the time of registration.
3. Subjects will be covered from Heritage of India.
4. Reporting time :11.00 a.m.
Prelim. Round :12.00 p.m.
Final Round :01.30 p.m.
5. Six top teams will be qualified for the Final Round on the basis of their performances in the preliminary round.
6. No. TA/DA shall be provided for participation in the Quiz.
7. The decision of the Quiz Master is final and binding.

REGISTRATION FORM
(To be sent by E.Mail/Offline by 31st July,2019)

1. Name of the School : _____
2. Name of the Principal/
Head of the Institution : _____
3. Address of the School : _____
With Tel.No. _____
4. Name of the Participants :
(a) _____ Class: _____
(b) _____ Class: _____
(c) _____ Class: _____
5. Name of the Escort Teacher _____
Mobile No. _____
6. E.Mail Id of the School: _____

Signature of the Principal with Seal

*Please send to E-Mail: davcspur@gmail.com / davrdodisha2@gmail.com