**INTERNAL QUALITY ASSURANCE CELL (IQAC)**

**DOCUMENTATION CENTRE**

**EVENT PROPOSAL FORM 2023-24**

1. **Event Name:**
2. **Organizing Department/Cell/Club/Committee Name:**
3. **Faculty Coordinator(s):**
4. **Activity/Program Schedule:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Time | Duration | Program Title | Venue |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Nature of the program: (Prospective audience)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Class | Inter-class | Inter-departmental | Inter-collegiate | State Level | National | International |
|  |  |  |  |  |  |  |

1. **Who is organizing the event?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Only Staff | Committee of Staff and students | Only Students | In collaboration with other dept/cell/club | External collaboration |
|  |  |  |  |  |

1. **Funded by, if required? *(Mention proposed expenditure also)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Self-financed | College | Agency/Company (name) | UGC | State/Central govt |
|  |  |  |  |  |

1. **If self-financed what is the mode of collection of funds?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Advertisements | Sponsorship | Souvenir | Contribution by students/ parents | Any other |
|  |  |  |  |  |

1. **For whom is the programme organized? Who are the beneficiaries?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Staff | Students | Both | Public | Parents |
|  |  |  |  |  |

1. **Purpose of organizing the program *(aims and objectives in brief)***
2. **Proposed Names of the invited guests/resource person(s) with their correct designation and affiliation: *(if applicable)***
3. **Submitted by Head of the Department/ Coordinator of Cell/Club/Committee:**

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***Note: If the organizers wish to add something else apart from the mentioned points, then they can do so. If any filed/point is not applicable, then write NA against that point.***

**Approved by Principal:**