

INTERNAL QUALITY ASSURANCE CELL (IQAC)

DOCUMENTATION CENTRE

EVENT INFORMATION FORM (2024-25)

1. Event Name and the organizing Department/Cell/Club/Committee Name:

2. Faculty Coordinator(s):

3. Student Office bearers:

President/Chairman	Secretary	Jt Secretary	Treasurer

4. Activity/Program conducted:

Date	Time	Duration	Program Title	Venue

5. Nature of the program:

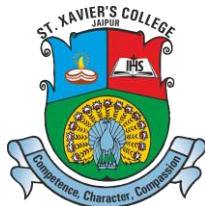
Class	Inter-class	Inter-departmental	Inter-collegiate	State Level	National	International

6. Who is organizing the event?

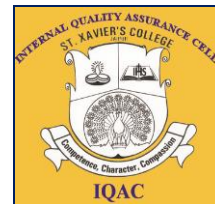
Only Staff	Committee of Staff and students	Only Students	In collaboration with other dept/cell/club	External collaboration

7. Funded by, if required?

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



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

Advertisements	Sponsorship	Souvenir	Contribution by students/ parents	Any other

9. For whom is the program organized? Who are the beneficiaries?

Staff	Students	Both	Public	Parents

10. Purpose of organizing the program? (aims and objectives in brief)

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11. Participation

Students of the Dept.	Students of other Depts.	Staff of the Dept.	Staff of other Depts.	Public	Management

12. Sharing of responsibilities: Write names of various committees and names of people who have undertaken responsibilities under each committee.

Committee	Staff Members Involved	Student Members	Department	Nature of responsibility

13. Names of the invited guests and their correct designation:

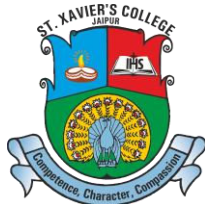
Chief Guest	Guest of Honor	Other Guest	Other Guest	Inaugural/Valedictory /Any other

14. General feedback of the program: (10 = excellent)

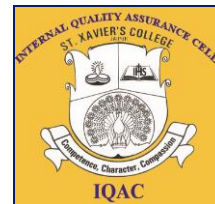
1	2	3	4	5	6	7	8	9	10

Note: Please attach a consolidated feedback report from the participants.

15. Attachments: (mention the number under each category)



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Overall Report (not more than 1000 words)	Notice & Poster for the program	Photographs (Normal & Geo-tag)	Videos/ Recordings	News report/paper cuttings	Feedback Form or Excel/ Report	Attendance Record/ Participant List	Any other (list the name of document)
			(Link Only)				

16. What was so unique about the program? (may be a Lecture/Talk by a renowned Scientist, Statesman, Economist, Social Scientist, Renowned Social Activist.....etc)

- Talk by.....was informative/ full of humour
- Punctuality
- Presentation was fantastic
- Slides were informative
- Audience participation
- Any Other:.....

17. Mention the Certificate starting and ending Serial No:

Submitted by:
(Seal & Sign)

Note: Form to be sent to the following E-mail id: iqac@sxcjpr.edu.in. Along with this format, you may submit all the required attachments within 7 days after the completion of the event. If the organizers wish to add something else apart from the mentioned attachments, then they can do so. If any point is not applicable, then write NA against that point.