

# St. Xavier's College Jaipur





# INTERNAL QUALITY ASSURANCE CELL (IQAC)

	DOCUMENTATION CENTRE											
	Ī	EVI	ENT	INF(	DRN	<b>IAT</b>	ION	FOR	M	(2024	-25	)
1.	Event Nan	ne an	d the or	rganizii	ng De	partme	ent/Cel	l/Club/C	Comn	nittee Na	ıme:	
2.	Faculty Co	ordi	nator(s)	):								
3.	Student Of	ffice	bearers	:								
	Presiden	t/Cha	irman	S	ecreta	ıry		Jt Secre	tary		Tre	easurer
4.	Activity/Pi	rogra	ım cond	lucted:			•			•		
	Date		Time	;	Dura	tion	Pı	Program Title			Venue	
5.	Nature of t	the n	rogram	<u> </u>								
Γ	Class		er-class	Inte	er-	In	ter-	State L	evel	Natio	nal	International
				departi	nental	colle	egiate					
6.	Who is org	aniz	ing the	event?				I				
Γ	Only Stat			mittee o	of C	Only Stu	idents	In colla	borati	on with		External
	Staff and students			other dept/cell/club								
7.	Funded by	, if r	equired	?								
	Self-financed College Agency/Company (name) UGC State/Ce				e/Central govt							



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#### Affiliated to University of Rajasthan, Jaipur Approved under Section 2(f) and 12(B) of UGC Act, 1956



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

Advertisements	Sponsorship	Souvenir	Contribution by students/	Any other
			parents	

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)
  - •
- 11. Participation

Students of the Dept.	Students of other Depts.	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)

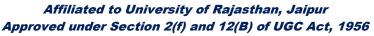
1	2	3	4	5	6	7	8	9	10

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	Particinant	Any other
			(Link Only)				

		unique about the program? (may be a Lecture/Talk by a renowned esman, Economist, Social Scientist, Renowned Social Activistetc)
	_	k bywas informative/ full of mour
	□ Pui	nctuality
	□ Pre	sentation was fantastic
		des were informative
	□ Au	dience participation
	□ An	y Other:
17. M	ention t	he Certificate starting and ending Serial No:
Submitte (Seal & S	•	

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.