



DG 1/2, Action Area I, New Town, Kolkata, West Bengal -700156

Application I	No: SNU/IQAC Event/Activity//	
	For Office Use only	

APPROVAL REQUEST FORM FOR ORGANISING UNIVERSITY EVENTS AND **ACTIVITIES**

School:		Department:								
Title of the eve	ent/activity:			1						
Event/Activity type [Seminar/Conference/Workshop/Others (please specify)]: Duration:										
Proposed Date	Proposed Venue:									
Target audience	ce [Students/staff/fd	aculty of own dep	artment/other dep	partments o	of SNU/othe	r Universities]:			
Objectives:										
	Budgetary	requireme	ents (if any)): [Estima	ted amount	(in ₹) with pro	pper justification	ns]		
Promotion	Honorarium	Transport			Refresh		Rentals	Any other [please specify]		
Total (in ₹) In m	um h ans:		In words:							
` ′	Total (in ₹) In numbers: In words: Infrastructural requirements/If any, with justification :									
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Head of the dep Full Name, Sign										
Please attach the l	IOM supportin	g this progr	amme propo	sal, dulj	y signed	& approv	ed by the H	on'ble Vice Chancello		
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			For Offic	ce Use O	nly					
Approval			Approved / Not		Remarks			Signature with Date		
		Ap	proved		Remarks			Signature with Date		
Member Secr IQA	• .									
				Sanci	tioned					
CFO				1	et (in ₹)					
Registrar										
Vice Ch	ancellor									
Copy to the Admir	istrative office	r for inform	ation and ned	cessarv a	actions:					
Administrativ		Receiv			Signature with date					
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