|  |
| --- |
| **EVENT SCHEDULING FORM** |
| **Name of the Event** |  |
| **Mode of Event (Physical/Online/Hybrid)** |  |
| **Event Start Date**  |  |
| **Event End Date** |  |
| **Name of the Committee/Research Centre/Faculty/Department** |  |
| **Request Initiated by (Name and Signature of Student/Faculty/Admin Staff)** |  |
| **Forwarding Authority-I (Name and Signature of the Concerned Faculty)** |  |
| **Forwarding Authority-II (Dean, Academics/Director, Student Welfare** |  |
| **Approving Authority (Registrar)** |  |

1. ***Day-wise Event Details:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DAY | STARTING TIME | ENDING TIME | EVENT DETAILS | CONTACT PERSON |
| DAY 1 |  |  |  |  |
| DAY 2 |  |  |  |  |
| DAY 3 |  |  |  |  |
| DAY 4 |  |  |  |  |
| DAY 5 |  |  |  |  |

1. **Details of Requirements for the Event (Furniture / Fixtures / Manpower / etc):**

***In Deatils:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Details of Requirements** | **From Date** | **To Date** | **Student In-Charge** | **Contact No.** |
| **1.** |  |  |  |  |  |
| **2.** |  |  |  |  |  |
| **3.** |  |  |  |  |  |
| **4.** |  |  |  |  |  |
| **5.** |  |  |  |  |  |
| **6.** |  |  |  |  |  |
| **7.** |  |  |  |  |  |

1. **Budget Requested from the University**

|  |  |  |
| --- | --- | --- |
| **Sl. No.** | **Budget Head** | **Amount** |
| **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |
| **4.** |  |  |
| **5.** |  |  |
| **6.** |  |  |
| **Total Amount** |  |  |

**List of Attached Documents**

1….

2…..