

PERMISSION FOR ORGANIZATION OF EVENTS

NOTE: 1. Please ensure that the completion certificate of the event is physically signed by the Convener of the event, IQAC Coordinator and Principal after the event report is made.

2. Please ensure a pre booking of the venue before getting the permission letter signed.

3. A copy of this duly filled form signed by the TIC/ Convener and Principal shall be submitted to ICT sysadmin@svc.ac.in, Caretaker sandeepluthra@svc.ac.in, IQAC Coordinator iqac@svc.ac.in, Dr. Arpita Kaul arpita@svc.ac.in for commerce, NSS, NCC, EOC, Empathise, Placement and Sports events, Dr. Urmi urmi.b@svc.ac.in for humanities events, Dr. P. Jayaraj jayaraj@svc.ac.in for sciences events. (Mails mentioned in SOP) and Dr. Nagendra Kumar Kalaparthi nkalaparthi@svc.ac.in, for IQAC/ NAAC criteria 1-7.

EVENT DETAILS

1.	Name of the Department/Society /Association:	
2.	Name of the TIC/Convenor (if any): Prof./Dr./Mr./Ms.	
3.	Nature of Event: Seminar/Conference/Symposium/Workshop/FDP/Public or community outreach/ skill	
	enhancement/others	· · · · · · · · · · · · · · · · · · ·
4.	Participants:	Student-centric /Faculty/Both
5.	Event Type:	Offline/Online/Hybrid; Indoor/Outdoor
6.	Collaborating Agency /Organization:	
7.	Proposed Title of the Event:	
8.	Tentative List of Speakers with affiliations:	
9.	Date, Time from to :	
10	. Financial Assistance/ Funding received (if a	ny)
11	. Proposed Budget (please attach details in a s	eparate enclosure):
12	. Faculty responsible for Geo Tagged Pictures	
13	. Faculty responsible for Event Report	
14	. ICT support required, if any (ICT Lab, Lapt	op, LCD projector)

16. Room requirement (Seminar/ any other)	
Name & Signature of TIC/Convenor	Signature of Principal
Date:	Date: