

## Activity Approval Performa

1. Nature of Activity (Tick Relevant Box): Conference ☐ Workshop ☐ Seminar ☐ Lecture ☐ Sports ☐ Any Other ☐
2. Title of the Program: \_\_\_\_\_
3. Proposed Venue: \_\_\_\_\_
4. Date: \_\_\_\_\_ Time: **From** \_\_\_\_\_ (A.M. /P.M.) **To** \_\_\_\_\_ (A.M. /P.M.) No. of Day(s): \_\_\_\_\_ No. of Session(s): \_\_\_\_\_
5. **Speaker(s) Details** (Tentative Schedule Proposal of the program may please be attached. An Use additional sheet if number of speakers is more than five):

Serial No.	Speaker(s) Name	Designation/Status/Profile (*Attach Additional Sheets for Bio/CV)	Address	Contact No.	E-mail Address
01					
02					
03					
04					
05					

6. **Chief Guest/ Guest(s) Details** (Use additional sheet, if number of guests is more than five):

Serial No.	Chief Guest/ Guest(s) Name	Designation/Status/Profile (*Attach Additional Sheets for Bio/CV)	Address	Contact No.	E-mail Address
01					
02					
03					
04					
05					

- **\* Note 1:** Prior approval of the President/Vice- President (Academics)/Director General (AF & P) will be necessary **(two weeks prior to the event)** for inviting any Guest Speaker(s) from outside of the University in the respective program/event at IIUI. The Guest(s)/Speaker(s) Resume/CV may also be submitted while seeking the approval of the authorities.

7. Salient Contents of the Program: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. Relevance with the Course Content \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Learning Outcomes (Use additional sheet(s), if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Detail of Co-organizers/Members of organizing committee (Use additional sheet, if number of Coorganizers/Members is more than four):

Sr. No.	Co-organizer(s)/Member(s) Name	Registration No.	Contact No.	Signature
01				
02				
03				
04				

11. Chief-organizer's Name: \_\_\_\_\_ Faculty/Department: \_\_\_\_\_

12. Registration no. (Only for Students): \_\_\_\_\_ Contact No: \_\_\_\_\_ Sign. & Date: \_\_\_\_\_

○ \*Note 2: University ID card of the Chief-organizer must be attached with this Performa.

13. Faculty Member/Supervisor of Activity: \_\_\_\_\_ Sign. & Stamp: \_\_\_\_\_ Date: \_\_\_\_\_

○ \* Note 3: a). Permanent Faculty Member must be nominated as a supervisor of the event by the concerned Dean/HOD, and a detailed report of the activity should also be submitted by the concerned Supervisor/Faculty Member via Dean/HOD to the Students' Adviser Office after the event.

b). This Performa must be forwarded/initiated officially through the concerned Dean/HOD office; by hand Performa from any student will not be entertained.

14. Recommendation of concerned Dean/HOD (Signature & Stam): \_\_\_\_\_ Date: \_\_\_\_\_

15. To be filled by Students' Advisor office: Receiving Date: \_\_\_\_\_ Sign. Of Dealing Assistant: \_\_\_\_\_

16. Approval/Recommendation of Students' Adviser (Signature, Date & Stam): \_\_\_\_\_

17. Approval of Incharge (Female Campus): \_\_\_\_\_