Activity Approval Performa

For Administrative Approval

Activity	**Research/Conferences/Seminars /Workshops/Symposia/Webinar/ Study Tours etc.**			
Name of Department				
Name of HOD				
Focal Person of the Activity (if any)				
Date of Activity				
Duration (Days/Hours) of Activity				
Venue of Activity				
Resource Person/Persons Information				
Name		**Topic of Activity (Research Conferences/Seminars /Workshops/Symposia/Webinar/ Study Tours etc.)**	**Advantages/Benefits/Outcomes/Output of the Activity for the students**	**SGD Involved**
Designation				
Affiliation				
Cell No.				
Email ID				

Brief Introduction of Resource Person not exceeding 50 words (3-4 lines):

_____

_____

_____

_____

FINANCIAL APPROVAL

Details of Funds Required	Yes	No	Justification
Stay of Guest/Guests Required			
Honorarium of Guest/Guests			
Any other Requirements (entertainment, etc.)			
Funding Source			
Total Funds Required			

Any other Details You Want to Share	

* Attach a budget Performa. If GCWUF is the funding source.

Focal Person: _____

Head of Department: _____

Coordinator: _____

Director Academics: _____