

Event Requisition Form

Date: __ / ___ / ___

Name of the Event	:			
Type of the Event	:	FDP / Seminar / Worksh	op ,	/ Guest Lecture /
Professional Society Involved	:	IEEE / IETE / ISTE / WiC	YS	/ IGEN /
Whether the event belongs to IIC	:	Yes / No		
Event Date(s)	:	From	:	_/_/
		То		_/_/
		Number of Days	:	
Event Time	:	From	:	/ AM / PM*
		То	:	/ AM / PM*
Event Organizer Details	:	Name	:	
		Department	:	
		Mobile Number	:	
No. of Participants	:	Internal	:	External :
Guest Details		No. of Guests		
		Name of the Guest(s)		
		Designation		
		Name of the Organization / Industry	:	
		, ,		

Event Requirements				
Venue Required*		Yes / No, if yes, provide in Annexure – I		
Audio Required*	:	Yes / No, if yes, provide in Annexure – II		
ICTS Required*	:	Yes / No, if yes, provide in Annexure – III		
Transport Required*	:	Yes / No, if yes, provide in Annexure – IV (a) & IV (b)		
Accommodation / Dining Required*	:	Yes / No, if yes, provide in Annexure – V		
Media Required*		Yes / No, if yes, provide in Annexure – VI		
Financial Required*	:	Yes / No		
Other Requirements, if any	:			

^{*} Please strike off whichever is not applicable

IQAC Number	:	

Event Organizer

Signature of Section Head / HOD / Dean

Approved by