EVENT REGISTRATION FORM (To be submitted to IQAC Office)

Event Name:				
Event category				
(Workshop/Seminar/Educational Visit/				
conference, Guest Lecture/Celebrating				
important days etc.)				
Proposed Content of the Event				
(Workshop, Seminar, Guest Lecture				
etc.)				
Speakers/Resource persons:	Name			
(Name, Email ID, Designation, Name	E-Mail Id			
of	E-Mail I	a		
Organization, Photograph (jpeg format),	Designation &			
Resume (pdf file etc.)	Experience			
,	Organiza	tion		
	8			
Organizers: School/Department				
organization senses 2 operaniem				
Course programme Name:	Number o	f participants		
(Participants from different Schools/Dept.):	Attendanc	Attendance of participants (copy enclosed)		
	(Register to be maintained by the organizers)			
Date, Time & Venue of Event:	Date		, ,	
	Time			
	Venue			
Event Coordinator/Convener &				
Organizing Team/Members				
Contact Person with contact number				
Geotag photographs of the event				
News/media coverage (copy enclosed)				
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