

RECHNICAL

TO SANT GAHIRA GURU VISHWAVIDYALAYA SURGUJA, AMBIKAPUR RECOGNIZED BY CHHATTISGARH GOVERNMENT



Ref.: LURTC/18/14E/18

Date: 24-01+16

INTERNAL QUALITY ASSURANCE CELL (IQAC)

PROFORMA FOR PROPOSAL OF EVENTS

Category	Lacture 4 other action tres					
		y				
ast event conducted by he Department and date	Name of the event: Date:					
	Report Submitted to IQAC	Accounts settled (If applicable)	Certificate Received from IQAC			
	IQAC Coordinator	IQAC Coordinator	IQAC Coordinator			
of the proposed	Avadeness proge	ramm alorant -	the reghts of			
osed Date	24-01-18					
oility of proposed		Working Day:	Yes			
	Any	other events in the sa	me day: No			
	1.1.6					
Pi	roposed venue - Gov	t. Palmany gi	rls school. Kedar			
Av	ailability of the Venue -	· Yes				



IQAC CELL

AFFILIATED TO SANT GAHIRA GURU VISHWAVIDYALAYA SURGUJA, AMBIKAPUR RECOGNIZED BY CHHATTISGARH GOVERNMENT

	TO THE CHINAL HIS GARRIER GOVERNMENT					
eme	Avaroren programm creation.					
KRTC .	Create awareness about the rights a girls owns and to give girls the exportunities like everyone else also to support the girl child of nation and remove gender based brases.					
ome	The glot child should contribute in knowing all her rights and participating in upcoming opportunities and every competition.					
mme	Enclosed:					
	School :					
wheth	er					
ained:	Details: A A					
	Name: Miss Mainta Dubey					
	E-Mail-Phone maintendubey 071994@gmas1.com					
y	Name: Miss Nieketa Relwani					
	E-Mail-Phone					
s if	Name: Anita Yadav.					
	E-Mail- Phone					

RECHNICAL





ration	MA					
ipants	External		Internal		Total	
	25		10		3.9	5
cipants	Teachers Estudents			1		
	NA					
ional	Name	Affiliation		Resource		Consent
				Person/Role		(if yes enclose communication
	Not Applicable	Not A	pplicable	Not Appl	icable	Not Applicable
he	Proposed Total budget		Assistance required from KRTC(Rs)		Available in department Budget (Rs)	
- 11					-	





RECHNICAL



AFFILIATED TO SANT GAHIRA GURU VISHWAVIDYALAYA SURGUJA, AMBIKAPUR RECOGNIZED BY CHHATTISGARH GOVERNMENT

Financial Assistance	Name of the Agency	Amount (Rs.)
requested from Govt Agencies	NA	NA.
Sponsors/Financial	Name of the Agency	Amount (Rs.)
Assistance from Private	, ,	MA
agencies (Rs.)	MA	
Name and contact details	Name :	
of Faculty who is responsible for reporting and setting of accounts	Designation : E-Mail :	Phone :

IDEC	Enclosed	
NECESSARY ENCLOSURES Particular	Yes/No	
Farcionis	Yes/No	
Draft Brochure and invitations	Yes/No	
Draft Biochare		
Department Budget	Yes/No	
- Lat with hreak up	Yes/No	
Event Budget With a Poscurces Person		
Communications from Resources Person Minutes of Department meetings for event proposal Minutes of Department meetings	Yes/No	
Comment meetings for event pro-		
Minutes of Department		
Detailed programme of events		
Detailed by 58		

M.

Signature of the Head of Department