



Date: 24/01/2019

Ref.: 12070/19/WG/28

INTERNAL QUALITY ASSURANCE CELL (IQAC)

PROFORMA FOR PROPOSAL OF EVENTS

attegory	Activity by students		
the Department and date	Name of the event:		
	Report Submitted to IQAC	Accounts settled (If applicable)	Certificate Received from IQAC
	IQAC Coordinator	IQAC Coordinator	IQAC Coordinator
ritle of the proposed event	Awareness girkehi	program aber	m rights of
roposed Date	100/24/01/201	你们的一个一个能力OKO的产品的一个人	Name (State
itability of proposed () te	in the later to be the Maria	Working Day:	Yes
	Any	other events in the sar	me day: NO
ue P	roposed venue - K·R	, Technical colleg	je Ambrikapu
A	vailability of the Venue	- Yes	



KR TECHNICAL COLLEGE



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

Since 2008	RECOGNIZED BY CHINATOS
Identified Theme	"Beti Bachao""Beti Padhao"
Relevance to KRTC	Educating officers against gender oras and conforming the efficiecy welfare services
Expected Outcome	To ensure gender equality and somen emprose. To ensure gender equality and somen emprose. To ensure the survival & safety of the gord duble of the gord child. Enclosed:
Detailed Programme	Enclosed:
Level	college
If International, whether approval from Government obtained:	Details: , N A
nvener	Name: Miss Manta Duby E-Mail-Phone mantadubey 071904@gmail.
anizing Secretary	Name: Miss Montha Xess
	E-Mail-Phone
nt Coordinators if	Name: Miss Sonali Kerketta
	E-Mail- Phone



RECHNICAL



		A commence of the commence of			required		able in departm
and international Dignitaries/ resou persons		Not Applicable	Not	Applicable	Not Appli	cable	not Applicable
Registration Fee participants List of Proposed N		Name	Affili	ation	Resource Person/Ro	ole	Consent obtained (if yes enclose
Nature of the pa		St	der				
Total No. of Pa expected	rticipants	External 2		20		23	3
Other Agencies/colla involved		NA		Internal		Total	



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

NECESSARY ENCLOSURES

Particular	Enclosed
Draft Brochure and invitations	Yes/No
Department Budget	Yes/No
Event Budget with break up	Yes/No
the second contraction of the second contrac	Yes/No
Communications from Resources Person	Yes/No
Minutes of Department meetings for event proposal	Yes/No
Detailed programme of events	The state of the s

nture of the Convener

Signature of the Head of Department