



# KR TECHNICAL COLLEGE

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



Ref.: KRTC/23/WE/14

Date: 04/3/23

## INTERNAL QUALITY ASSURANCE CELL (IQAC) PROFORMA FOR PROPOSAL OF EVENTS

Name of the Department/Cell/Club/Committee/Society: Women Empowerment cell

Category	Conference/Seminar/Workshop/Symposium /Orientation Programmes/Others <input checked="" type="checkbox"/>		
Last event conducted by the Department and date	Name of the event:		
	Date:		
	Report Submitted to IQAC	Accounts settled (If applicable)	Certificate Received from IQAC
	Yes/No	Yes/No/NA	Yes/No
	IQAC Coordinator	Accountant	IQAC Coordinator
Title of the proposed event	<u>Health camp for Mother and Daughter.</u>		
Proposed Date	<u>04/03/2023</u>		
Suitability of proposed date	Working Day: Yes/No <input checked="" type="checkbox"/> Any other events in the same day: Yes/No <input checked="" type="checkbox"/>		
Venue	Proposed venue: <u>KRTC, Room No. 01</u> Availability of the Venue: <u>Yes</u>		



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Identified Theme	Women's Health & Hygiene
Relevance to KRTC	Meeting the health care and precautions of women and the female students.
Expected outcome	Through this camp women's and female students will be able to achieve knowledge and information about hygienic living.
Detailed programme	Enclosed: <input checked="" type="checkbox"/> Yes/No
Level	International/National/Regional/University level/College Level/Department Level/Class Level
If International, whether approval from Government obtained:	Yes/No Details: NA
Convener	Name: Miss Mamta Dubey E-Mail:.....Phone:.....
Organizing Secretary	Name: Miss Anuradha Ekka E-Mail: anuradhaekka52@gmail.com Phone: 8827440659
Student Coordinators if any	Name: E-Mail:.....Phone:.....



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Other Agencies/Collaborators involved	Name of the agencies: <p style="text-align: center;">NA</p> Communication for collaboration enclosed: Yes/No				
Total No. of Participants expected	External	Internal	Total		
Nature of participants	Students/ Faculty/Industry professionals /Academicians/ Others				
Registration fee for participants	Yes/No If yes, amount: Rs.....				
List of Proposed National and International Dignitaries/resource persons	Name	Affiliation	Resource Person/Role	Consent obtained <small>(if yes enclose communications)</small>	
				Yes/No	
			NA		Yes/No
					Yes/No
					Yes/No
					Yes/No
Proposed Budget for the event	Proposed Total Budget (Rs)	Assistance Required from AMET (Rs)	Available in Department Budget (Rs)		
Attached separate sheet of detailed budget with break up of expenses: Yes/No					

**PT. SHIVDHARI COLONY, NEAR FOREST OFFICE,  
AMBIKAPUR, SURGUJA, CHHATTISGARH**

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

### NECESSARY ENCLOSURES

Particular	Enclosed
Draft Brochure and invitations	Yes/No
Department Budget	Yes/No
Event budget with break up	Yes/No
Communications from Resource Persons	Yes/No
Minutes of Department meeting for event proposal	Yes/No
Detailed programme of events	Yes/No

  
Signature of the Convener

Signature of the Head of the Department