



Event Registration Form

(Internal Quality Assurance Cell – IQAC)

Source of Funding:		
☐ University Fund	☐ Sponsorship	☐ Registration Fee
☐ Other:		
6. Event Outcomes / Expecte	ed Impact	
 Briefly describe the anticip 	oated outcomes of the event:	
7. IQAC Requirements		
• Is the event aligned with N	AAC and other accreditation	n agencies IQAC quality indicators?
□ Yes □ 1	No	
8. Event Coordinator Details	S	
• Coordinator Name:		
• Designation:		
• Contact Number:		
• Email Address:		
9. Approval and Authorizati	on	
• Head of Department/ Dear	1:	
☐ Recommended	☐ Not Recommended	
Signature:		Date:
• IQAC Director:		
☐ Recommended	☐ Not Recommended	
• Pro-Vice Chancellor (Acad	lemics):	
\square Approved	□ Not Approved	
Signature:		Date:
For IQAC Use Only		
•	er:	
• Remarks / Notes		