

Consent Performa for Academic Session

Department _____

Name of the Event (Work Shop/Seminar/Conference) _____

Time (hours/days) _____

Fee (if any) _____ Detail _____

Name of the Coordinator _____

Name of the Co-coordinator _____

Recommendation from TPO _____

Recommendation from HOD's _____

Note: All the departments are directed to submit the consent Performa, three days prior to the event schedule.