Faculty Development Cell
Sumandeep Vidyapeeth
An Institution Deemed to be University

At & Post Piparia, Taluka Waghodia, Vadodara 391760, Gujarat

commt.faculty_development@sumandeepvidyapeethdu.edu.in

APPLICATION FORM for ACADEMIC EVENT ORGANIZATION

ORGANIZING INSTITUTE: _____

ORGANIZING DEPARTMENT/BODY: _____

TYPE OF EVENT: ( ) Conference ( ) CME/CDE/CPE etc. ( ) FDP ( ) Workshop

( ) Other (specify):_____

LEVEL OF EVENT: ( ) International ( ) National ( ) State/Regional ( ) University ( ) Institute

THEME/TITLE OF THE EVENT:

_____

DATE OF EVENT: _____ to _____ (DD/MM/YY) **Duration:** _____ Days

EVENT COORDINATOR / ORGANIZING SECRETORY:_____

CONTACT NO.: _____ **EMAIL:** _____

TARGET AUDIENCE: _____

REGISTRATION FEE: _____

EXPECTED NUMBER OF PARTICIPANTS: _____

EVENT VENUE: _____

NAME OF COLLABORATORS (IF ANY): _____

_____

NAME OF SPONSORS (IF ANY): _____

_____

DETAIL OF EXPERT/S INVITED:

Sr. No.	Name of Invitee	Designation & Affiliation	Contact No.	Email

(Use additional sheet, if required)

FINANCIAL DETAIL (TENTATIVE):

INCOME		EXPENDITURE	
Particular	**Amount**	**Particular**	**Amount**
Registration Fees		**Travelling**	
Funding from sponsorship (1)		**Faraskhana***	
Funding from sponsorship (2)		**Hotel Stay***	
Funding from Collaborator		**Catering***	
Other		**Miscellaneous (1)**	
		(2)	
		(3)	
TOTAL		**TOTAL**	

(Attach detail income expenditure statement along with this form as an annexure if required)
(Will be directly paid through finance department, University)*

Amount of Deficit/Surplus : _____

Expected Funding from University: _____

Signature of Organizing Secretary **Approval from Head of Department:**

Principal/ Dean's comments & Signature:

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(For office use)

Comments from Faculty Development Cell:

Director
Faculty Development Cell
Sumandeep Vidyapeeth

Forwarded to Vice Chancellor, Sumandeep Vidyapeeth