

EVENT APPROVAL FORM

. N	ame of Event :					
. D	ate:	Time:	Venue:			
. D	Details of Resource Person(s): (Name, Designation and Affiliation)					
(i)						
(ii)						
						
(iii	1)					
. Ex	xpected no. of pa		vent Mode (Online/ Offline/ Blended)			
	•	ny:				
-	•					
9. Name of Participating Departments, if University level event:						
_				 		
0. N	ame of Organizin	g Department:				
1. N	ame of Event Co	ordinator:				
12. Expected expenses (Refreshment/TA/Honorarium), if any (Give Details)						
3. A	ny other informat	ion, if required				
:_						
:_						
Signa	ture of Event Co	ordinator				
-6		,				
lubm	itted for kind app	oroval please.				
	TT	1		(Registrar		

(Vice-Chancellor)



Check list to be submitted after approval:

S. No.	Document	Submitted to	Description	Expected time of submission
1.	Copy of duly approved Event Approval Form	Registrar Office	Hard copy of approved form to be submitted.	On same day i.e. day of approval from Vice-Chancellor office
2.	Performa for the social media post	Director, IQAC (director_iqac@ auts.ac.in)	Soft copy (.doc file) in required format (Annexure-I) with high resolution PIC of speaker(s)/ resource person(s) in JPEG format	On same day i.e. day of approval from Hon'ble Vice- Chancellor
3.	Pre-event press release, if required	PRO Office pro@auts.ac.in	Soft copy (.doc file) required	At least 3-4 days before the event
4.	Press release of the event	PRO Office pro@auts.ac.in	Soft copy (.doc file) required along with 3-4 event photographs.	Same day on or before 2:00 PM
5.	Event report, in required format	IQAC Office office_iqac@aut s.ac.in	Soft copy (.doc file) in required format (Annexure-II)	Within two days after the event

Annexure-I: Proforma for social media post

Annexure-II: Proforma for event report



Annexure-I

Proforma for Social Media Post

Name of the	Event:			
Date:	Time:	Venue:		
Details of R	esource Person(s): (Name, Designation	on and Affiliation)		
(i)				
(ii)				
(iii)				
Nome of On				
Name of Ev	ent Coordinator:			
About Event	t (One paragraph write up):			
Live streami	ng on University YouTube Char	nnel required (Yes/No):		
	Registration Link, if Any (To be provided by concerned department):			



Annexure-II

Proforma for Event Report

1.	Event Type (Conference / Seminar / Expert Talk / Webinar / Other, Please specify):					
2.	Name o	f Event:				
3.	Date:_	Time:	Venue:			
4.	. Details of Resource Person(s): (Name, Designation and Affiliation)					
	(i) _					
	_					
	(ii)					
	_					
	(iii)					
	-					
5.	Total N	umber of Participants				
6.	Name o	f Organizing Department:				
7.	Organia	ganizing Committee/Event Coordinator				
8.	Objecti	ective of Activity				
9.	Total N	Number of Participants				
10.	. Detaile	l report with geo-tagged high resolution Photograph	ns			
11.	. Attenda	nce Sheet/formatted list of registered participants				
12.	. Feedba	k of the event, if any				
13.	. Sample	copy of event certificate(s)				

14. Copy of press release along with newspaper details (Newspaper name, page no., date etc)