

**Institute Quality Assurance Cell  
Professional and Social Activities Committee  
Performa for approval of VC for Conducting Workshops/courses/Guest Lectures/ FDP**

Department \_\_\_\_\_

Workshop ID	Workshop Title	Co-ordinator	Duration	Start Date	End Date	Resource Person			Tentative Budget	Target Audience
						Name	Affiliation/ Designation	Expertise		

Signature of the Applicant with Date:

Recommendation of the HOD:

Approval of the Vice Chancellor: