QA-SAP-Form 2

Frequency: Every Semester

Date:

## Institute Academic Quality Assurance Cell Student Activities & Placement (SAP) HUB/Group Activities

Name of the Hub: -----

Name of Faculty Coordinators for the Hub:-----

S. No.	Name of the activity	Name of student organizers for the event	Details of event				Financial support (Institute,	Winners from JIIT/other	College/ regional/ state/
			organized as a part of institute fest or individual event	Date	Type of event: (competition- on-line/off- line, demonstration, exhibition etc.)	Total number of participants	sponsorship,	with affiliation	national/ international level
1									
2									

Note: Scan copy of proof to be uploaded.

(Signature of faculty Co-ordinators of the hub)