**Academic Event Approval Performa**

***(Please Submit this Performa 95 days before the Conference, 36 days before any other events and 07 days before for events referred at x, xi of General Guidelines in IIU SoPs/Code of Conduct to Organize Academic Events)***

1. **Nature of Event** (Tick Relevant Box): Conference Symposium Seminar Guest Lecture Training Workshop Colloquium **OR**

Event (referred at x or xi of General Guidelines in IIU SoPs)

Pls. Specifically, mention here:

1. **Level:** National International

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1. **Event Focal Person**/Organizer(s): Designation: Cell no:
2. **Department**: **Faculty/Institute/Academy/Center:**
3. **Title of the Event**:
4. **Proposed Venue**: **Guest House Requirement**: Yes No
5. **Date(s):** **No. of Day(s)**: \_\_\_\_\_\_
6. **Time:** *From* (A.M./ P.M.) *To* (A.M./ P.M.)
7. **Funding** (Amount PKR): **Funding** (Source): HEC / (any other)
8. **Last Event organized** by the Department / Faculty / Institute /Academy (Date & Title):
9. **Speaker(s) Details** (Use additional sheet if the number of speakers is more than five):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Serial No.** | **Speaker(s) Name** | **Designation/Status/Profile**  (\*Attach as Annexure for Bio/CV) | **Address** | **Contact No.** | **E-mail** |
| 01 |  |  |  |  |  |
| 02 |  |  |  |  |  |
| 03 |  |  |  |  |  |
| 04 |  |  |  |  |  |

1. **Chief Guest/ Guest(s) Details** (Use the additional sheet, if the number of guests is more than two):

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| --- | --- | --- | --- | --- | --- |
| **Serial No.** | **Chief Guest/ Guest(s) Name** | **Designation/Status/Profile**  (\*Attach as Annexure for Bio/CV) | **Address** | **Contact No.** | **E-mail** |
| 01 |  |  |  |  |  |

1. **Focus/Objectives of the Event:**

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1. **Outcomes of the Event** (Use the additional sheet(s), if necessary) [Feedback form should be submitted after the event to ORIC]:

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1. **Detail of Co-organizers** (If any, otherwise write N/A):(Use the additional sheet if the number of Co-organizers/Members is more than two):

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| --- | --- | --- | --- | --- |
| **Sr. No.** | **Co-organizer(s)/Member(s) Name** | **Designation** | **Contact No.** | **Signature** |
| 01 |  |  |  |  |
| 02 |  |  |  |  |

1. **Name & Signatures** (Incharge Departmental Activities Committee/Focal Person):
2. **Approval of the Departmental Board / Program Committee (where Dept. Board does not exist)**:

Attach Minutes of the Board (Annexure – ) for events other than those mentioned at x, xi:

1. **Recommendations of Dean/DG/Executive Director**: **Sign. & Stamp:** **Date:**
2. **Approval of Vice-President (Academics/Female Campus)** (only for events referred at x, xi of General Guidelines)**:**

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***For Official Use for Academic events except the* events referred at x, xi of General Guidelines)**:

|  |  |
| --- | --- |
| Date (Proforma Received in ORIC): | Venue(s) Availability Confirmation: |
| No. of Days Remaining for the Event: | Date Meeting of TG & CSW Committee: |
| The Decision of the TG & CSW Committee: | Remarks of the TG & CSW Committee (if any): |
| Date & Approval Letter / Sanction No: | Rejection (Mention the Reason): |

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