



Academic Event Approval Performa

(Please Submit this Performa 95 days before the Conference and 36 days before any other event)

- Nature of Event** (Tick Relevant Box): Conference Symposium Seminar Guest Lecture
Training Workshop Colloquium **Level:** National International
- Event Focal Person/Organizer(s):** _____ **Designation:** _____
- Department:** _____ **Faculty/Institute/Academy/Center:** _____
- Title of the Event:** _____
- Proposed Venue:** _____ **Guest House Requirement:** Yes No
- Date(s):** _____ **No. of Day(s):** _____
- Time:** From _____ (A.M./ P.M.) To _____ (A.M./ P.M.)
- Funding** (Amount PKR): _____ **Funding (Source):** HEC / (any other) _____
- Last Event organized** by the Department / Faculty / Institute /Academy (Date & Title): _____

10. 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					
05					

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

Serial No.	Chief Guest/ Guest(s) Name	Designation/Status/Profile (*Attach as Annexure for Bio/CV)	Address	Contact No.	E-mail
01					
02					



12. Focus/Objectives of the Event:

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

14. 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):

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

15. Name & Signatures (Incharge Departmental Activities Committee): _____

16. Approval of the Departmental Board / Program Committee (where Dept. Board does not exist):
Attach Minutes of the Board (Annexure –): _____

17. Recommendations of Dean/DG/Executive Director: _____

Sign. & Stamp: _____ **Date:** _____

For Official Use:

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):
