

IQAC – NCST

Programme/Event Permission Form

Organised by	
HOD/In Charge - Faculty	
In Charge -Student	
Details of Programme/Event	
Date and Time	
Venue	
Proposed Audience	
Nature of Programme	
Name(s)of RP if any	
Objectives of the programme	
Name of the programme, if any	

The above-given details are true.

Name and Sign of the Student in Charge with Date :

Phone Number :

Required Material Arrangements from the Office

Name & Sign of Faculty in Charge:..

Reference Note:

Head of the Department:

* Counter Signed By HOD in case of Department Clubs/ Associations/Cells

Directions/Permission/Suggestions

Principal

OFFICE USE

Registered the day.....Proceedings.....

Office Superintendent