## Student events/activities: Form for obtaining permission

Name of the Society/ Union/ Club/Association/Organization			
Name of the Event			
Date, Time and duration			
Venue			
Name of the student requesting Permission	a) b) c) d)	NameStudent Registration Numb Email and Contact Number Date and Signature	er
Name of the Relevant Departmen	it		
Estimated cost and funding sourc	e		
Equipment or any other facility required from University	2 3 4		
Guests expected from outside	Name	Organiza	ion
Equipment/Material expected From outside	2 3 4		6

Responsible student for media activities		b) Stu c) E-m	nedent Registration Numberail Addressail Address	
(This student should submit a small descrip through the Web Development Committee	tion of the Represent	event an	d the photographs of the event to the Director/IT he relevant faculty after finishing the event)	
Additional Notes (if any)  If the space is not enough  Attach a paper				
Recommendation of the Patron/Senior Treasurer /Deputy Senior Student Counselor/ Senior Student Counselor/ Relevant Academic Staff Member		Recommendation of the Head of the Department (Where relevant)		
(Signature and authorized seal)  Recommendation of the Dean of the Relevant Facul		(Signature and authorized seal)		
(Signature)			(Authorized Seal)	
Approval / Recommendation of the Deput	y Vice Cha	ncellor	Approval of the Vice Chancellor	
For Office Use Only Forwarded for necessary action:		<del></del>		
Chief Security Officer	T	<del></del>		
Assistant Registrar/ Student Affairs				
Works Engineer				
Senior Assistant Bursar/ Payment Division				
Assistant Bursar/ Supplies Division				
Director/ IT Unit				
Cleaning Service				
Other				