



INTERNAL QUALITY ASSURANCE CELL

PRAGJYOTISH COLLEGE

SANTIPUR, GUWAHATI – 781 009

FORMAT FOR ADVANCE INTIMATION FOR ORGANIZING IN-HOUSE ACTIVITIES/EVENTS

NAME OF THE ACTIVITY/EVENT			
ORGANISED BY			
NAME (S) OF COORDINATOR (S)			
PROPOSED DATES			
VENUE		TIME	
BRIEF DESCRIPTION OF THE ACTIVITY/EVENT			
PARTICIPANT DETAILS			

Counter Signature by Principal

Signature (s) of the Event Coordinator (s)

Signature & Seal of IQAC Coordinator

Receipt Sl. No. _____

Date of Receipt: _____

(for IQAC office use)

NB: This form must be filled legibly and submitted to the IQAC Office after counter signature by the Principal. A Xerox copy may be retained by the Event Coordinator (s) after obtaining signature & seal in the IQAC Office.