INDIAN INSTITUTE OF INFORMATION TECHNOLOGY,DESIGN &
MANUFACTURING KANCHEEPURAM,
CHENNAI - 600127.

On-Campus Event Approval Request Form

1. Event Details

Field	Details
Club / Team Name	
Title of the Event	
Type of Event	☐ Workshop ☐ Seminar ☐ Competition ☐ Guest Lecture ☐ Exhibition ☐ Others: _____
Date(s)	From _____ To _____
Venue	
Expected No. of Participants	Internal: _____ External: _____
Brief Description / Objective	

2. Estimated Expenditure (Attach a Separate sheet, if required)

Fund Allotted for the Club in the current FY: _____

Available fund for the club in the current FY: _____

S.No.	Description of Items	Quantity	Unit Rate (₹)	Total (₹)
1				
2				
3				
4				
5				
6				
7				
8				
			Grand Total (₹)	_____

Team / Club Lead

Professor In-Charge / Faculty Advisor

Technical Affairs Secretary:	Note:
PIC - Co-Curricular Affairs / Technical Affairs.	Recommended / Not Recommended Note:
Dean - Student Affairs.	Recommended / Not Recommended Note:
Dean - Design Innovation Incubation and Continuing Education	Recommended / Not Recommended Note:
Accounts: AR Accounts	Funds Availability: Yes / No Note:

Recommended / Not Recommended

Registrar

Approved / Not Approved

Director