

**Institute Quality Assurance Cell
 Professional and Social Activities Committee
 Performa for Approval of Conference**

1. Department Name _____

Conference Acronym	Conference Title	Type (National/ International)	Focus Area	Objective	Proposed Budget	Duration	Start Date	End Date	Number of Participants expected	Details of Keynote Speakers	Details of Invited Speakers	Are tutorial planned with conf.

Signature and Name of Organizing Secretary
 Recommendation of HOD/Director

Approved/Not Approved
 Vice Chancellor