

Form: QA-PSA-3C
 Frequency - Annually in July
 Date-

**Institute Quality Assurance Cell
 Professional and Social Activities Committee
 Feedback on Conference**

Conference Acronym	Number of Registered Participants	Funding from the Institute	Funding received from external sources	Expenditure							Overall Feedback of Participants 1. Outstanding 2. Excellent 3. Very Good 4. Good 5. Fair	Overall Feedback of Experts 1. Outstandin g 2. Excellent 3. Very Good 4. Good 5. Fair
				Remunerat ion to Keynote Speakers	Expenditur e on Registratio n Material	Expenditur e on Lunch, Tea, Snacks	Expenditure on Conference Dinner	Expenditu re on Invited Guests	Expenditur e on Souvenirs	Total Expendit ure		

Name and Signature of Coordinator: _____
 Comments and Recommendations of HOD/Director: _____
 Vice Chancellor: _____