



CMR TECHNICAL CAMPUS

UGC AUTONOMOUS





C2-Check List for Events Organized in the Campus

(Faculty Development Program/ Seminar/ Workshop/ Symposium/ Conference/ STTP/ Training Program/Guest Lecture/ Any other)

Name of the Department:

te of the Event:				
S. No	Document	Please Mark √ as applicable		
	Document	Yes	No	
1	Proposal of the Event			
2	Invitation Letter			
3	Brochure			
4	Registration Kit (ID Card, Course material, Stationary, etc)			
5	Program Schedule	1 70		
6	List of Participants			
7	List of Resource Persons/ Speakers/ Guests (along with Profiles)			
8	Budget Report including Bills	_		
9	Event Report including Photographs, Print & Media Coverage	MPU:	3	
10	Feedback			
11	Certificate	VENT		
12	Sponsors Details			

Submitted By	Verified By	Approved By
Convener/Coordinator	HOD	Director