

COLLEGE OF APPLIED SCIENCE, KOTTARAKKARA

Application for Permission

Name of the programme		
Dates and Time on which permission is required		Venue
Name of the applicant/ programme coordinator with Mobile No		Signature of the applicant
Name of the Club/body under which programme is held		
Details of external Trainers / Guest attending the programme		
Recommendation of concerned Senate member		Signature of the staff in charge
Name of the Staff in charge		
List of participants (Attach separate sheet if there are more than Ten participants)	Name	Class
Date of application		Permission granted /Not granted  Principal