



Co-Curricular Activity Approval Form

To be filled by the student and verified by the concerned faculty/authority

Student Name:

URN:

Class/Division: FE / Div _____

Academic Year: 2025-26

Activity Name:

Type of Activity:

Date(s):

Place/Organization:

Claimed Hours:

Student Declaration:

I confirm that the information provided above is accurate to the best of my knowledge.

Student Signature: _____

Date: _____

Faculty-in-Charge / Authority Name:

Faculty / Authority signature with Date:

Approved Hours:

Faculty/Authority Remarks (if any):

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