

# **PSG** College of Technology

# **Students Union 2024-25**



The Global Clash of Techno Talentz

# KRIYA 2K25

#### **Event Resource Form**

# Workshops

ASSOCIATION NAME: Abinav P

WORKSHOP NAME: Abinav P

#### **INSTRUCTIONS**

#### (TO BE READ BEFORE FILLING THE FORM)

- \* If two different events are to be conducted then fill the above form for each event separately and submit it.
- \*\* If the same event continues on both the days (i.e.) Preliminary round on first day and final round on second day, then fill the needed requirement in the same form.

#### Instructions:

- 1. Not all the events and workshops submitted will be approved.
- 2. Maximum of two events, one workshop, one paper presentation can be proposed.
- 3. Events and workshops should be innovative or based on the trending new technologies relating to the respective stream.
- 4. Judges must be present throughout the duration of event.
- 5. No cash prize / memento or any other form of prizes should be given by clubs/association to the event winners.
- 6. Names for the external guest should be provided by the Students Union if filled-in the items required table.
- 7. Certificates to the winners, runners, coordinators & volunteers of each event will be provided by the Students Union.
- 8. If any materials are required prior to the day of the event, please mention "Required in advance" near that material in the "Item Name" column.
- 9. Halls will be allocated on the basis of availability.
- 10. The projector will not be provided by the Students Union, use the projector available in the hall.
- 11. Winner and runner details should be submitted within one hour from the end of event.
- 12. HDMI cables / VGA converter will not be provided.
- 13. Take enough copies of the form, for your reference.
- 14. Further changes are not accepted.
- 15. Submit it to the point of contact allocated to your club/association.
- 16. For more details contact your respective point of contact.

Signature of the Secretary

Signature of the Faculty Advisor

# **Workshop Preview: WKSP45**

### **Secretary Details**

Name	Roll Number	Mobile No
Abinav P	gerituur	9965511133
Abinav P	rbgiutrh	9965511133

#### **Convenor Details**

Name	Roll Number	Mobile No
Abinav P	erhguitr	9965511133
Abinav P	rheutrep	9965511133

#### **Volunteer Details**

Name	Roll Number	Mobile No
Abinav P	refueroi	9965511133
Abinav P	erhtuipr	9965511133

### **Faculty Advisor Details**

Name	Designation	Contact Details
Abinav P	rehterp	9965511133

### **Speaker Details**

Name	Designation	Contact Details
Abinav P	erthoig	9965511133

# **Speaker's Signature**

### No signature available

#### Workshop Details

DAY 2 ○ DAY 3 ● BOTH I	DAYS O
EXPECTED NO. OF PARTICIPANTS:30	
PROPOSING FEES:400  Justification:rtghutr	
SPEAKER REMUNERATION (if any)(With justification): Justification:yuio	2
NUMBER OF HALLS/LABS REQUIRED:1 HALLS/LABS PREFERRED:tyyuio Reason:	
DURATION OF THE EVENT IN HOURS:2	
START TO END TIME SLOT 1 : 9:30 TO 12:30 SLOT 2 : 1:30 TO 4:30	SLOT 1 SLOT 2 FULL DAY
No of Extension box: 2 Reason : fffh	
No of mic: 2 Reason : fhjk	

Signature of the Secretary:

Signature of the Faculty Advisor:

# Items Required

S.No.	Item Name	Quantity	Price per Unit	Total Price
1	pen	1	1	1

# **Workshop Details**

WORKSHOP NAME: frgfygi
WORKSHOP DESCRIPTION:
ftyhuij
WORKSHOP PREREQUISITES FOR PARTICIPANTS (if any):
• tyyuiko.
SESSION-WISE DESCRIPTION:
Session 1:
Session Time: 6am
Session Topic: drtyuiop
Session Description: 5iop
Signature of the Secretary
Signature of the Faculty Advisor