



PSG College of
Technology, Coimbatore

PSG College of Technology

Students Union 2023-24



The Global Clash of Techno Talents

KRIYA 2K24

Event Resource Form

Workshops

ASSOCIATION NAME : ai club

WORKSHOP NAME : cvhb

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

Event Preview:

Secretary Details

Name	Roll Number	Mobile No
a	s	1234567890
a	a	1234567890

Convenor Details

Name	Roll Number	Mobile No
a	a	1234567890
a	a	1234567890

Volunteer Details

Name	Roll Number	Mobile No
a	a	1234567890
a	a	1234567890

Faculty Advisor Details

Name	Designation	Contact Details
a	a	1234567890

Speaker Details

Name	Designation	Contact Details
a	a	1234567890

Signature of the Speaker

Workshop Details

DAY 2 <input checked="" type="radio"/> DAY 3 <input type="radio"/> BOTH DAYS <input type="radio"/>		
EXPECTED NO. OF PARTICIPANTS:25		
PROPOSING FEES:500 Justification:dfghjk		
SPEAKER REMUNERATION (if any)(With justification):300		
NUMBER OF HALLS/LABS REQUIRED:1 HALLS/LABS PREFERRED:y102 Reason:fghjkl;.		
DURATION OF THE EVENT IN HOURS:3		
START TO END TIME SLOT 1 : 9:30 TO 12:30 SLOT 2 : 1:30 TO 4:30	SLOT 1 SLOT 2 FULL DAY <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>	
NUMBER REQUIRED:3 1. EXTENSION BOX :fghjkl;		

Signature of the Secretary:

Signature of the Faculty Advisor:

Items Required

S.No.	Item Name	Quantity	Price per Unit	Total Price
1	fghjk	1	9	9

Workshop Details

WORKSHOP NAME: page3

WORKSHOP DESCRIPTION:

ghjk

WORKSHOP PREREQUISITES FOR PARTICIPANTS (if any):

ghjkml,

SESSION-WISE DESCRIPTION:

Session 1:

Session Time: 3

Session Topic: tgyhjkl

Session Description: ftgyhjkl,

Signature of the Secretary

Signature of the Faculty Advisor