SRINIVASA RAMANUJAN INSTITUTE OF TECHNOLOGY

(Autonomous)

Accredited by NAAC with ‘A’ Grade & Accredited by NBA (EEE, ECE, CSE)

Affiliated to JNTUA & Approved by AICTE

Rotarypuram Village, B K Samudram Mandal, Ananthapuramu - 515701

***Permission form to conduct the event***

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| 1. Date of the Application: |
| 1. Title of the Event: |
| 1. Academic Year: |
| 1. Organized by the Department/IQAC Cells: |
| 1. Significance of the day: |
| 1. Event Type (Webinar/Workshop/FDP/STTP/Guest lecture/Symposium/Conference/Any other event): |
| 1. Date(s) and timings of the event: |
| 1. Place of the event: |
| 1. Objectives of the Program: |
| 1. Name of the Event Coordinator with Designation: |
| 1. Details of the Resource person: |
| 1. Bank Account Details of the Resource Person   Including Phone pe/Google Pay numbers |
| 1. Expenditure amount required, if any: |
| 1. Type of participants (Students/Faculty): |
| 1. Number of the participants: |
| 1. If the event is for the studentsinclude the Branch and Year of the students: |
| 1. If the event is for the faculty include the Department of the faculty: |
| 1. Required resource person accommodation:   (Yes/No) |
| 1. Number of persons required accommodation: |

**Signature of the Coordinator**

**Signature of the HOD**

**Signature of the Principal**