

Received Date(For Office Use): _____

CO-CURRICULAR ACTIVITY / EVENT APPROVAL FORM

Registration Entity Number _____

 Entity Type: ☐ Club ☐ Community ☐ Departmental Society ☐ Professional Society

Entity Name: _____

Event Name: _____

Organised by (Dept./Inst./Clus.): _____

Date: _____

Venue: _____

Time: _____

Coordinator Name: _____

Event Category: _____

Email: _____

Contact Number: _____

Course Name: _____

Expected Participants: _____

SDG: _____

Program Code: _____

Event / Activity ID _____

(After CUIMS Punching)

Source of Fund ☐ Central ☐ Institute ☐ Department(s)

Event Type:
Competition
☐ Online ☐ Offline ☐ Hybrid

☐ Internal ☐ National ☐ International

A Brief Description of Event
Outcome of the Activity: _____

Required Documents

ALL APPROVAL MUST BE IN BETWEEN 27TH OF MONTH TO 3RD OF NEXT MONTH. AFTER OFFLINE APPROVAL, CUIMS PUNCHING WITHIN 7TH OF EVERY MONTH FOR ALL EVENTS IS MANDATORY AND SHOULD BE COMPLETED AS PER DELEGATION OF POWER.

[If any documents is missing approval will not be processed] [Attach the below Annexure with this form]

☐ Event Details ☐ Guest list & Profile ☐ Minute-2-Minute ☐ Budget summary ☐ Departmental Approved Budget Copy

Office Bearer(As Applicable)

 Faculty Advisor

 Co-curricular Coordinator
(From Dept.)

 HOD

 PVC- Academic Affair
 [Associate/Assistant Dean]

CU Academic Leader (As Applicable))

 Associate Director /Director
 /Principal/Dean

 Executive Director

CU Management (As applicable)

 Pro-Vice Chancellor
 Academic Affairs

 Pro-Vice Chancellor