



FRANCIS XAVIER ENGINEERING COLLEGE

(An Autonomous Institution)

Tirunelveli- 627 003

ACTIVITY CODE CLAIM FORM

ACTIVITY CODE: ACT/22-23/

Name of the Event			
Event Organized By			
RESOURCE PERSON *			
Name			
Designation			
Contact Address			
Contact number		Email ID	
EVENT DETAILS			
Date of Event :		Time of Event :	
Venue Fixed :	<input type="checkbox"/> Yes <input type="checkbox"/> No	Maximum Target Audience :	
Venue Details :	If Centralized Venue - Contact Campus Administration Office)		
Transport Required :	<input type="checkbox"/> Yes <input type="checkbox"/> No	Accommodation Required :	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Refreshment Arranged? :	<input type="checkbox"/> Yes <input type="checkbox"/> No		
No. of Days :		From :	To :
Name of the Co-ordinator			Contact No:
Outcome of the Event:			

Signature of Co-ordinator	
Name and Signature of Core Team / M-Team / HoD	

Office Purpose

All Documents Submitted as per Check List :	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks :	