CENTRAL UNIVERSITY OF KARNATAKA
(Established by an Act of the Parliament in 2009)

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Dist Kalaburagi – 585 367
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Website: www.cuk.ac.in
E: registrar@cuk.ac.in

APPLICATION FOR CONDUCTING EVENT / PROGRAMME

Part A: Event Proposal Details

(To be completed by the organizing department/unit prior to the event)

1. **Organizing Department/Unit** : _____
2. **Coordinator Name** : _____
3. **Coordinator Mobile Number** : _____
4. **Coordinator Email ID** : _____
5. **Type of Activity (tick one):**

   ☐ Extension ☐ Co-curricular ☐ Research ☐ Academic ☐ Administrative

   ☐ Other (specify): _____
6. **Title of the Event/ Programme** : _____
7. **Objectives of the Event** : _____

   _____
8. **Financial Requirement** : ☐ Yes ☐ No

   If Yes, approximate budget (in rupees): ₹ _____
9. **Event Brochure/Poster** *(optional)* : ☐ Attached ☐ Not Attached ☐ Not Available
10. **Invitation Copy** *(mandatory)* : ☐ Attached ☐ Not Attached
11. **Duration of the Event / Programme** : From _____ To _____
12. **Venue** : _____

Event Coordinator (Signature & Date)	**Head** (Signature & Date)	**Dean** (Signature & Date)

For Office Use

Event/ Programme ID: Date: IQAC registration Serial Number

(Sign & Date)
Director/Deputy Director
IQAC

PART B: Post-Event Report – Submission Checklist

(To be submitted by the Coordinator within 7 days after event completion)

S. No.	Field	Submission Status	Remarks
1	Summary of the Programme/Event	☐ Yes ☐ No	
2	Guest(s) or Speaker(s) Details	☐ Yes ☐ No	
3	Attendance Sheet	☐ Yes ☐ No	
4	Supporting Media (Photos)	☐ Yes ☐ No	
5	Feedback Summary	☐ Yes ☐ No	
6	Feedback Form/Link Uploaded (Optional)	☐ Yes ☐ No	
7	Financial Statement Attached (if applicable)	☐ Yes ☐ No ☐ Not Applicable	
8	Certificates Issued (Sample Attached)	☐ Yes ☐ No ☐ Not Issued	

Office Use

Date of Report Submission _____

Report Filing Number _____

Verified by (IQAC Staff Name & Sign) _____