

CAMPUS EVENTS PERMISSION FORM

(After completion of the process this form need to be submitted to Student Services Office for record purpose)

Date: - / /20

Student Name: _____ Code No. _____

Faculty of: _____ Contact no.: _____ Program: UG PG

Event Name & Description _____

Event Schedule

No.	Program Name	Dates	Time		Place/Venue
			From	To	

Undertaking: We understand the importance of cleanliness in our surrounding and therefore we promise to maintain the decorum of the place. We/Students council take the entire responsibility for the same.

Important : During / after the event if any infrastructure facilities damage, the organizer will be held fully responsible and cost will be recovered from the organizer/student council/group of students.

Students Council Signature: _____ Faculty Mentor Signature : _____

Offices to be informed

No	Offices	Function	Signature
1	Student Services	Event approval & Record Keeping	
2	Anu Roy	Space Booking	
3	Campus Office	Space Approval	
4	IT Services	Media Services (if needed)	
5	Outreach Office	Photo/Videography- CEPT Website/FB	

Submission date: _____

STUDENT SERVICES OFFICE

ASSET FORM

A. Requester Details			
Name:			
Requester Category:	Student ID	Staff	Outsider
Contact Details	Mobile	Email	
Official Letter (in case of outsider)			
UG / PG	Faculty	Event Name	

B. Asset Details		
Name	Quantity	Remarks

Declaration

By signing below, I _____ agree to return all assets in the same condition ition as received in the stipulated time frame. Any damage to the asset will be compensated by me in full. In case of any dispute, university administration’s decision will be final and binding.

Date: _____

Sign: _____