

Application for Permission to Organize Workshop / Seminar / Conference

(Application to be submitted to College Research Committee)

Date :

1. Name of Department :
2. Title of Workshop / Seminar / Conference :
3. Status of Workshop / Seminar / Conference : State / National / International
4. Tentative Dates of Organization :
5. No. of Day's :
6. Name & Address of Resource Person :
 - 1.
 - 2.
7. Budget :

Sr. No.	Particulars	Amount
1	Remuneration of Resource Person	
2	Travelling Allowance	
3	Tea, Breakfast, Lunch, Dinner	
4	Stationary	
5	Printing & Xerox	
6	Postage if any	
7	Other Expanses	
	Total Rs.	

Yours Faithfully

Head of the Department/Coordinator

Recommended by

Chairman,
College Research Committee,
SMBST College, Sangamner

Sanctioned by

Principal
SMBST College, Sangamner

Copy to : (For necessary action)

1. Head of the Concern Department
2. Office Superintendent
3. Account Section
4. IQAC