



श्री माता वैष्णो देवी विश्वविद्यालय
Shri Mata Vaishno Devi University, Katra
Kakryal, Katra-182320, J&K Email: ar.dqa@smvdu.ac.in

Form No: DQA/2020/02

Format for Report

S.No.	Detail	Remarks
1.	Program Title	
2.	Program Type (Workshop / Conference / Symposium / FDP / PDT / Orientation / Refresher Course / Training Program / Internship Camp / Leadership Talk / Motivational Speech / Field Visit / Other)	
3.	Program Theme (IPR / Innovation / Entrepreneurship / Start-up / Other)	
4.	Program Driven by (Self Driven Activity / IIC Calendar Activity) / Sponsored By	
5.	Program Conducted (Offline/Online)	
6.	Description	
7.	Date & Duration (Days)	
8.	Number of External Participants,(if any) (Remarks: Attach a signed list of names of each participant)	
	a. Student Participants	
	b. Faculty Participants	
9.	Number of Internal Participants (Remarks: Attach a signed list of names of each participant)	
	a. Student Participants	
	b. Faculty Participants	
10.	Expenditure Amount, if any (Please provide head wise detail)	
11.	Total Sanctioned Amount	
	a. SMVDU	
	b. Other agency(if any, name of agency)	
12.	Overview:	
	a. Objective	
	b. Benefits in terms of learning / skill / knowledge obtained	
13.	List of Resource Person / Speaker	
14.	Star Performer (Best Paper, etc.)	
	a. Faculty Name	
	b. Student Name	
15.	Attachments	
	a.URL for the event (preferably YouTube link)	
	b. Photographs with Caption & Date	
	c. Copy of the Brochure	
	d. Copy of Newspaper cutting / Website News Item	

Signature of Convener / Organizer

