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**OFFICE OF RESEARCH, INNOVATION**

**& CoMMERCIALIZATION**

**Event Funding Form**

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| **I. Event Details** |
| **Name of the Department** |  |
| **Title of Event** |  |
| **Venue** |  |
| **Dates** |  |
| **Time** |  |
| **Scope of the Event** |  |
| **Expected outcomes of the Event** |  |

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| **II. Coordinator/Focal Person** |
| **Name** | **Designation** | **University & Department** | **Mobile No.** | **Contact no. (office)** |
|  |  |  |  |  |
| **E-mail address** |  |

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| **III. Details Guests (If Any)** |
| **Number of Invited Guests: \_\_\_\_\_\_\_\_\_\_\_** |

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| **IV. Funding Details and Sponsorship from other Sources for the Event**  |
| **Sr#** | **Subject** | **Amount (Rs.)** |
| 1 | Requested Amount from ORIC |  |
| 2 | Total Estimated cost of the Event |  |

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| **V. Justification of Amount** |
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**Signature & Stamp of the Focal person**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of the Chairperson of the Department**

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**Endorsement from the Dean**