



OFFICE OF RESEARCH, INNOVATION & COMMERCIALIZATION

Event Funding Form

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

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

III. Details Guests (If Any)

Number of Invited Guests: _____

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	

V. Justification of Amount

Signature & Stamp of the Focal person

Signature of the Chairperson of the Department

Endorsement from the Dean
