



BIKALI COLLEGE, DHUPDHARA

GOALPARA-783123

Date:

APPLICATION FORM FOR ORGANISING ACADEMIC ACTIVITIES

To,

The Principal Bikali College, Dhupdhara, Goalpara-783123

Name of Applicant.....

Designation.....

Department/Cell/Club/Society/Association:

Type of event (Seminar/Lecture/Competition/Other: specify).....

Title of event to be organised.....

Organisers.....

Purpose.....

Date:.....

Venue:.....

Resource Person(s)(if any).....

Guest(s) (if any).....

Estimate number of students participating

Fund Requirement Details (if any)

Sl No	Expenses required against	Estimated Cost

Signature of Applicant (Coordinator)

Signature of Head(in case of departmental activity)

Signature of IQAC Coordinator

Granted

Principal, Bikali College, Dhupdhara