

Application for Arrangement of Event

1. Type of Event: Workshop / Seminar / Conference / Bootcamp / Webinar / Awareness

Programs

2. Level of Event (University/State/National/International):

3. Title of Event:

4. Name of Institute & Department:

5. Proposed Duration of Event:

6. Proposed Date and Time of Event:

7. Proposed Location of Event:

8. Proposed Participants of DU:

9. Proposed Participants from outside:

10. Name & Designation of Event Coordinator:

11. Proposed Details of Experts from DU:

S. No.	Name	Designation	Organization	Remarks

12. Proposed Details of Experts from outside (if any):

S. No.	Name	Designation	Organization	Remarks

13. Estimated Expense:

S. No.	Item	Estimated Expense (Rs.)	Remarks
	TOTAL		

Note: Maximum expense for the single event is Rs. 50000/- only.

14. Event Registration Link (If any):

15. Copy of Brochure (If any):

16. Date of Application Submission to SSIP Scrutiny Committee:

Name & Signature of Event Coordinators:

Name & Signature of Departmental Scrutiny Committee Member (PoC & IPR):

Signature of HOD/Dean:

For Office Use Only

Approved Event ID: SSIP/DU/OTHER/EVENT/2023-24/

Application Approved Date:

Name & Signature of Institutions SSIP Coordinator:

Name & Signature of Educational Institutions Head:

Remarks (If any):

Brief Report of Event

17. Approved Event ID:

18. Title of Event:

19. Name of Institute & Department:

20. Date and Time of Event:

21. Location of Event:

22. Actual nos. of Participants from DU:

23. Actual nos. of Participants from outside:

24. Details of Present Experts from DU:

S. No.	Name	Designation	Organization	Remarks

25. Details of Present Experts from outside (if any):

S. No.	Name	Designation	Organization	Remarks

26. Total Expense of Event (Rs.):

27. Details of Social Media Coverage (If any):

28. Details of Print Media Coverage (If any):

29. Special Remarks (If any):

30. Date of Report Submission at SSIP Scrutiny Committee:

Enclosures:

1. Hardcopy of Expense Bill Summary with actual bills
2. Photographs of Event (5 nos. color print and all softcopies)
3. Hardcopy of Social Media Coverage (If any)
4. Hardcopy of Print Media Coverage (If any)

Name & Signature of Event Coordinators:

Name & Signature of Departmental Scrutiny Committee Member (PoC & IPR):

Signature of HOD/Dean:

For Office Use Only

Approved Event ID: SSIP/DU/OTHER/EVENT/2023-24/

Report Approved Date:

Name & Signature of Institutions SSIP Coordinator:

Remarks (If any):

Enclosure-1 Bill Summary of Event

31. Approved Event ID:

32. Name of Institute & Department:

33. Date of Event:

34. Details of Bills:

S. No.	Type of Bill (GST / Non-GST / Self-certified)	Bill No.	Item of Bill	Name of Vendor	Bill Amount (Rs.)	Required payment mode
				TOTAL		

35. Details of Expenses:

S. No.	Item	Qty.	Amount (Rs.)	Remarks
		TOTAL		

9. Date of Bill Submission at SSIP Scrutiny Committee:

Enclosures:

5. Original bills of Expenses (sequence as per above table in para-4)

Name & Signature of Event Coordinators:

Name & Signature of Departmental Scrutiny Committee Member (PoC & IPR):

Signature of HOD/Dean:

Payment Order of Event

In reference to Bill Summary of Approved Event ID: _____,

Payment Order disbursement as following details are passed under SSIP.

Sr. No.	Name of agency/authorized person in whose favor payment is to be made	Amount	Mode of payment cash/cheque	Remarks
Total				

Passed for Payment of Rs. _____/- (only)

Above expenditure has to be accounted under following head of SSIP.

Sr. No.	Expenditure Head	Amount from SSIP Grant	Amount from University	Total Amount
1	PoCs / Prototype/ Innovation	--	--	--
2	IP Support	--	--	--
3	Tinkering Lab Development, Infrastructure, administration, Programmes, Pedagogical Intervention, Events, Special endeavours , Setting up pre-incubation/incubation center, basic infrastructure, and others			

Date:

Name & Signature of Educational Institutions Head:

Remarks (If any):

Payment Order of Workshop / Seminar / Awareness Program Organized Under SSIP Scheme-2022 to 2027

Payment Order

Activity Approval Form Number: DU/SSIP/OTHER/___/2023-24

36.Type of Activity: Workshop / Seminar / Awareness Program / Startup Conclave

37.Domain of Activity:

38.Title of Activity:

39.Name of Institute:

40.Name of Department:

41.Date and Time of Activity:

42.Details of Bills:

S. No.	Type of Bill (GST / Non-GST / Self-certified)	Bill No.	Item of Bill	Name of Vendor	Bill Amount (Rs.)	Required payment mode

43.Details of Expenses:

S. No.	Item	Qty.	Amount (Rs.)	Remarks

44.Details of Payment:

Sr.No.	Details of Particular for Payments	Approved Amount in INR (Including GST)
1.		
2.		
3.		
Total Amount in INR (Including GST)		
Total Amount in INR (Including GST in Words)-		

In reference to the above-mentioned Payment approval form disbursement as be following details are passed under SSIP.

Sr. No.	Name of agency/authorized person in whose favor payment is to be made	Amount	Mode of payment cash/cheque	Remarks
Total				

Passed for Payment of Rs. _____/- () only)

Above expenditure has to be accounted under following head of SSIP.

Sr. No.	Expenditure Head	Amount from SSIP Grant	Amount from University	Total Amount
1	PoCs / Prototype/ Innovation	--	--	--
2	IP Support	--	--	--
3	Tinkering Lab Development, Infrastructure, administration, Programmes, Pedagogical Intervention, Events, Special endeavours , Setting up pre-incubation/incubation center, basic infrastructure, and others			

Enclosures:

6. Original bills of Expenses

Name & Signature of Educational Institution's Head:

**Feedback Form for Workshop / Seminar / Awareness Program Under SSIP
Scheme-2022 to 2027****Feedback****45.Type of Activity: Workshop / Seminar / Awareness Program / Startup Conclave****46.Title of Activity:****47.Name of Institute & Department:****48.Date of Activity:****49.Name of Participant:****50.Email and Contact of Participant:****Mark from 1 to 5**

1- Poor, 2- Fair,3-Good,4- Very Good, 5- Excellent

S. N.	Query	Mark	Comments if any
1	Impression of the program		
2	Quality of Deliverables / presentation		
3	Were your queries appropriately responded by Expert		
4	Did the program provide incremental knowledge / awaren about SSIP		
5	Have you been able to take project under SSIP		
6	Will you recommend similar Workshop for others?		

Name & Signature of Departmental Scrutiny Committee Member (PoC & IPR):**Signature of HOD:**