

Sacred Heart College (Autonomous), Tirupattur, Vellore Dist.

Final Report of the Event

Event Information

Name of the Department		Title of the Event						
Objectives of the Event 1. 2. 3.								
Levels (Mark a √)	State		Date	From:				
	National			To:				
	International		Time:					
Funding /Sponsoring Agencies (Mark a √)	UGC		2 Hrs.	3 Hrs.	4 Hrs.	5 Hrs.	Name of the Organizer / Convener / President	
	DST							
	ICSSR							
	DRDO							
	CSIR							No. of Student Participated: No. of Faculty Participated: No. of Public Participated:
	ICMR							
	AICTE							
	TNSCST							
DEPARTMENT ASSOCIATION								

Profile of the Chief Guest / Resource Persons

Name & Designation
Official Address Cell No: Email ID:
Name & Designation
Official Address Cell No: Email ID:
Name & Designation
Official Address Cell No: Email ID:
Name & Designation
Official Address Cell No: Email ID:

Feedback

Any Feedback collected from the participants	Yes	No
If so present the analysis of the Feedback		

News

Date, Time and Newspaper name of the news, if reported by the press

Consolidated Report

Proceedings of the Event(Sequence of Activities / Sessions / Invited Talks)	
Final Report	
Enclosures 1. Call Letter 2. Invitation 3. List of Participants 4. Proceedings 5. Consolidated Report 6. Audited Statement of Accounts 7. Newspaper Clippings 8. Photos	
Signature of the Convener /President / Organizer of the Event	
Signature of the HOD	
Signature of the Principal	