

# THE UNIVERSITY OF AZAD JAMMU & KASHMIR

(DIRECTORATE OF STUDENTS' AFFAIRS)

## EVENT PERMISSION FORM

**PLEASE NOTE:** In order to allow for optimal planning of your event as well as any necessary reviews it is suggested that this form be completed no less **than two weeks (10-12 days)** prior to your event. Completion of this application does not constitute/guarantee approval of your event. This application is used to gather information regarding your event to help the University determine if your event meets the academic mission of UAJ&K and can be held on campus. You will then be notified by the Directorate of Students' Affairs that your event has been approved and you are clear to finalize the scheduling process. (Please keep in mind that all activities should be consistent with the Code of Conduct of UAJ&K)

### EVENT DETAILS

☐ Society: \_\_\_\_\_ ☐ Department: \_\_\_\_\_

**Event Name/ Objective of the Activity:** \_\_\_\_\_

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

**Past Achievement:** (If any) \_\_\_\_\_

**Campus:** ☐ Chellah Campus ☐ City Campus ☐ King Abdullah Campus

☐ Conference/Seminar ☐ Cultural Event ☐ Sports/Competitions ☐ Religious Activity

☐ Educational Competition ☐ Debating Competition Other \_\_\_\_\_

#### **Participants:**

No. of Students: \_\_\_\_\_ No. of Faculty Members: \_\_\_\_\_ Total # of Participants: \_\_\_\_\_

Chief Guest Name/Designation/Organization: \_\_\_\_\_

(Please attach the profile/ other details of the Chief Guest/Speaker)

**Event Schedule:** Date: \_\_\_\_\_ Time: From \_\_\_\_\_ hrs To \_\_\_\_\_ hrs

Venue: \_\_\_\_\_

### EVENT COORDINATOR

**Student Name:** \_\_\_\_\_ **Cell#:** \_\_\_\_\_ **Deptt/Society:** \_\_\_\_\_

(Make sure that you have consulted the university to determine if the date is available and is an appropriate time for hosting this type of event)

#### **Permanent Faculty Member/Advisor/Mentor/ Incharge Details:**

**Name:** \_\_\_\_\_ **Cell#:** \_\_\_\_\_ **Deptt/Society:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(The Advisor/ Incharge should be part of the planning process for any event hosted by your Society/Department.)

## REVIEWED & APPROVED

Head of Department: \_\_\_\_\_

Signature & Stamp (Date): \_\_\_\_\_

Dean of Faculty: \_\_\_\_\_

Signature & Stamp (Date): \_\_\_\_\_

Campus Incharge: \_\_\_\_\_

Signature & Stamp (Date): \_\_\_\_\_

## CHECKLIST FOR HOLDING AN EVENT

- *Sequence of activities with timeline*
- *Guest speaker profile along with arrival confirmation*
- *Guests List*

### **INSTRUCTIONS/ CODE OF CONDUCT DURING THE COURSE OF EVENT:**

- *Timings must be strictly observed.*
- *Quranic verses & translation should be as per the occasion.*
- *All Students should be properly dressed.*
- *Outsiders are **Not allowed** unless permission obtained prior the event.*
- *Details of guests including names and profession must be attached with this form.*
- *The Advisor/Incharge Permanent Faculty Member and all Members of the Organizing Committee are responsible to ensure the discipline/adherence to the Code of Conduct.*
- *All the banners/ posters should be removed immediately after the Event.*
- *Advisor/Mentor/Incharge Permanent Faculty Member is responsible to monitor all the activities of the event.*

### **FOR OFFICE USE ONLY:**

**Approved/ Declined:** \_\_\_\_\_

**Reason for Declination /Refusal:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Director Students' Affairs**

Signature & Stamp

Dated: \_\_\_\_\_

**Registrar**

Signature & Stamp

Dated: \_\_\_\_\_