Ref:

Department Of…………………………………….

/ /2023

Subject: **Financial and Administrative Approval for (… mention event name …)**

It is submitted that Department of …………………….intends to organize……. day …(event)... on “……………………..……” dated ……..at…..(required venue)…. for approximately …(participant number)… participants. The detail of expenditure for organizing said event is as under:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Budget** | | | | | | |
|  | **Material / Service** |  | **Quantity/Details** |  | **Amount** |  |
|  | Hard Material\* |  |  |  |  |  |
|  | | | | | | |
|  | Refreshment\*\* |  |  |  |  |  |
|  | | | | | | |
|  | Meal/s\*\*\* |  |  |  |  |  |
|  | | | | | | |
|  | Remuneration֎ |  |  |  |  |  |
|  | | | | | | |
|  | Any other |  |  |  |  |  |
|  | | | | | | |
|  |  |  | Total Amount |  |  |  |
|  | | | | | | |
|  |  |  | The amount gained from external sources |  |  |  |
|  | | | | | | |
|  |  |  | Amount Required from UOS |  |  |  |
|  | \* Host may purchase souvenirs/shields or certificates for external guests only, and distribute digital certificates among participants through email.  \*\* Please don’t serve anything for less than 3 hours event but you may serve water depending upon season. However, for long events host may serve tea along with snacks.  \*\*\*In case of external guest speakers only.  ֎ Remuneration for external gusts Assistant Prof (or less): Rs. 10,000 – for Associate Prof: Rs. 12,000 – for Professor: Rs. 15,000  No TA/DA will be permissible. However, in special cases (depending upon the worth of external gust or over long distances) remuneration may increase subject to the approval from the Vice-Chancellor. | | | | | |

You are kindly requested to grant administrative and financial approval for Rs………… for the said purpose.

**Chairperson**

Department of English Language, Literature

**Dean**

Faculty of Arts and Humanities

**Vice Chancellor**

University of Sargodha



Form ORIC-UOS-9-A

Event Proposal Form

Instructions:

1. Please only type in the gray area by clickingthe cursor there
2. Try to write precisely
3. Financially self-sustain events will be encouraged
4. Hard copy/handwritten forms will not be entertained
5. After completion, convert the formintoPDF for onward transmission
6. Share the form with ORIC at least 15 days beforethe event
7. Share itat [oric.media@uos.edu.pk](mailto:oric.media@uos.edu.pk) from head's official email account
8. Use eco-friendlymaterials and practices during the event

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Event Title: |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| 2. | Host Department |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| 3. | Starting Date: | YY – MM – DD | |  | | | | | | | Ending Date: | | | YY – MM – DD | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | |
| 4. | Starting Time\*: | 00:00 AM/PM | |  | |  | | | | 5. Venue: | | | |  | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | |
|  | Ending Time\*: | 00:00 AM/PM | | 6. Expected No of Participants | | | | | | | | | |  | | |  | | | |
|  | \*In case of multiple days please write the daily session time | | | | | |  | | | | | | | | | | | | | |
| 7. | Type of Event:  Please Type ‘Y’ for Yes in the relevant Box | | Workshop: |  | | Conference: | | | | | |  | Colloquium: | | |  | | |  | |
|  |  | | | | | | | | | | | | | | | | | |
|  | Seminar: |  | | Symposium: | | | | | |  | Exhibition: | | |  | | |  | |
|  | | | | | | | | | | | | | | | | | | | | |
|  |  | | Webinar: |  | | Walk: | | | | | |  |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  |  | | Any Other: | (Please specify) | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | |
| 8. | Event Objectives and Output (You may choose multiple boxes, please type Y for yes into the relevant Box) | | | | | | | | | | | | | | | | | | | |
|  | Formation of a New Research Group: | | | |  | |  | Multidisciplinary Research Activity: | | | | | | |  | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | Awareness of PG Students/Faculty: | | | |  | |  | | Capacity Building: | | | | | | Faculty/Students/Public | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | Any other: | | | | (Please specify) | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 9. | | | Detail of External Speakers / Trainer (May extend the field as per requirements) | | | | | | | | | | | | | | | | |
|  |  | | | Name | | | |  | Affiliation | | | | | | | |  | | Contact & email |
|  | | | | | | | | | | | | | | | | | | | |
|  | I | | |  | | | |  |  | | | | | | | |  | |  |
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|  | II | | |  | | | |  |  | | | | | | | |  | |  |
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|  | III | | |  | | | |  |  | | | | | | | |  | |  |
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|  | IV | | |  | | | |  |  | | | | | | | |  | |  |
|  |  | | |  | | | |  |  | | | | | | | |  | |  |
| 10. | | | Any other Partner Organization/s (May extend the field as per requirements) | | | | | | | | | | | | | | | | |
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| 11. | | Event Organizer / Host / Focal Person | | | | | | | | | | | | | | | | | |
|  | |  | | Name & Designation | | | | | |  | Department | | | | |  | | Contact & email | |
|  | | I. | |  | | | | | |  |  | | | | |  | |  | |
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|  | | II. | |  | | | | | |  |  | | | | |  | |  | |
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|  | | III | |  | | | | | |  |  | | | | |  | |  | |
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| 12. | | Advertisements on social media through the ORIC Office | | | | | | | | | | |  | | In case of ‘Yes’ Please fill the fields 12.1 and 12.2 and provide a brochure, otherwise move on to 14 | | | | |
|  | | | | | | | | | | | | | | | | | | | |
|  | |  | | | 12.1 | Caption for FB |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
|  | |  | | | 12.1 | Focused Areas of Event  *(Explain briefly in points)* | * Try to write in bullet points | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | |  | | | 12.2 | Content for FB | *Any other* | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | |  | | | 12.3 | Guests/ Speakers  **Note: Please attached the high resoulation pictureat leaset 300dpi in email with this form.** | | | | | | | | | | | | | |

For ORIC Record:

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**Dr. Saeed Ahmad Prof. Dr. Ahmad Raza Bilal**

Deputy Director ORIC Director ORIC