

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

**Event Registration Form**

**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	From:	
Funding /Sponsoring Agencies  (Mark a √)	UGC			To:	
	DST		Name of the Organizer / Convener / President		
	ICSSR				
	DRDO				
	CSIR		No. of Participants (expected)		
	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:

**Requirements**

Facilities Required (Mark a √)	Audio / LCD	
	Photo	
	Live Show	

**Name of the Halls (Mark a√)**

DBIS		Carreno		Oasis		MT Hall	
DMT (AC)		APRC (Big)		AKRC (AC)		Di Fiore Hall	
Bl. John Paul Hall (005)		Zatti Hall (006)		Med Hall (AC)		MSW Hall	
DJ Hall (Big) 205							

Signature of the Convener/President/Organizer of the Event