SZABIST University

Event Approval Form

Society/ Department: _____

Organizer Name: _____ Contact No: _____

Type of Event: _____Title of the Event: _____

Objective(s) of the event congruent with that of SZABIST (**Write up to be attached**)

    a) _____

    b) _____

    c) _____

    The Request is moved on CMS and copy is attached.

- *Availability of Venue (Auditorium, ORIC Hall) for the event must be confirmed from admin in advance otherwise request will not be entertained.*

Tentative Date	1.	2.	3.	4.
Venue Option	1.	2.	3.	4.
Time	1.	2.	3.	4.

Rundown of the event:

Time	Rundown

Tentative Costs Breakdown:

S. No	Item	Qty.	Rs.
	Total Cost		

Administration's Signature: _____ Date: _____

Approvals

I assure that there is no event on the proposed date from any society/club/etc.

I assure that

1. I have photocopied the event approval form.
2. I have updated the SSC-ISB documents in the folder of the society/club.
3. Emailed the event write up to the Student Advisor.

I am satisfied with the objectives of the event and its proposed arrangements.

VP SSC-ISB: _____ Signature: _____Date: _____

President SSC-ISB: _____ Signature: _____Date: _____

Faculty Advisor Name: _____ Signature: _____ Date: _____

Seen and Approved/Not Approved (State reason of Not Approved).

Secretary AC Heads_____ Signature: _____ Date: _____

Student Advisor: _____ Signature: _____ Date: _____

Head of Department: _____ Signature: _____ Date: _____

EDC Department: _____ Signature: _____ Date: _____

IT Department: _____ Signature: _____ Date: _____

Manager Administration: _____ Signature: _____ Date: _____

For information, event coverage, write up and necessary action.

Marketing Department_____ Signature: _____ Date: _____

SZABIST University Islamabad has the required budget in the head.

Controller Finance: _____ Signature: _____ Date: _____

Head of Campus: