

National Health Systems Resource Centre

Events Approval Form (workshops / seminars etc)

DIVISION NAME : _____

EVENT : _____

DATE / TIMINGS : _____

VENUE : _____

PURPOSE : _____

ADVISOR / HEAD : _____

COORDINATOR-IN-CHARGE : _____

TOTAL NO. OF PARTICIPANTS : _____

Sl.No.	Requirements	Nos	Rate per unit (Rs)	No of days	Estimated cost (Rs.)
1	ACCOMMODATION :				
2	TRAVEL REIMBURSEMENT (if any)				
3	TEA / LUNCH / SNACKS				
4	LOCAL TRANSPORT (pick up/drop):				
5	TRG MATERIAL / STATIONERY				
6	NHSRC Hall				
7	IT Equipment / Skype				
8	Support staff (if any)				
9	Any Special Requirement (if any)				
Total :-					

* Actual details for Sl.No. 1,2, &3 to concerned SA, for Sl.No. 4 & 5 to Const. Admin be submitted 2 working days in advance. For Sl 6 Confirm Availability with Adm Astt Reception. IT Exec be informed for

Budget Head: _____

Signature of Coordinator-in Charge

Name

Designation

Date:

Approved by

Division Head / AdvisorPAOED, NHSRC

(Under delegated powers)