



Smt. P.D. Hinduja Trust's

# K.P.B. HINDUJA COLLEGE OF COMMERCE

Sindhi Linguistic Minority Institution: (Autonomous)

(Affiliated to University of Mumbai) : NAAC Re-Accredited With "A+" Grade: CGPA: 3.59

Current Address (Temporary): Sadhana House, 570, Pandurang Budhkar Marg,  
Behind Mahindra Towers, Worli, Mumbai – 400018. Contact Details Tel: 022-4098-9000.

Email: [info@hindujacollege.com](mailto:info@hindujacollege.com) : Website: [www.hindujacollege.edu.in](http://www.hindujacollege.edu.in)

Prin. Dr. Navin M. Punjabi

Ref. No. :

## APPLICATION FOR PERMISSION TO ORGANISE AN ACADEMIC / CO-CURRICULAR / EXTRA-CURRICULAR ACTIVITY

(To be submitted to the Principal through IQAC before conducting the event)

### PART A: GENERAL INFORMATION

1. Name of the Department/Committee/Cell: \_\_\_\_\_

2. Name of the Event/Activity: \_\_\_\_\_

3. Type of Activity (✓)

|                                                              |                                                      |
|--------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Seminar                             | <input type="checkbox"/> Outreach Programme          |
| <input type="checkbox"/> Workshop                            | <input type="checkbox"/> Industry Interaction        |
| <input type="checkbox"/> Faculty Development Programme (FDP) | <input type="checkbox"/> Value Added Programme       |
| <input type="checkbox"/> Guest Lecture                       | <input type="checkbox"/> Skill Development Programme |
| <input type="checkbox"/> Conference                          | <input type="checkbox"/> Entrepreneurship Activity   |
| <input type="checkbox"/> Webinar                             | <input type="checkbox"/> Research Activity           |
| <input type="checkbox"/> Competition                         | <input type="checkbox"/> Community Service           |
| <input type="checkbox"/> Cultural Activity                   | <input type="checkbox"/> Awareness Programme         |
| <input type="checkbox"/> Sports Activity                     | <input type="checkbox"/> Other (Specify): _____      |
| <input type="checkbox"/> Extension Activity                  |                                                      |

### PART B: EVENT DETAILS

|                                                                                                               |                                               |
|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>Date:</b> _____                                                                                            | <b>Target Participants</b>                    |
| <b>Day:</b> _____                                                                                             | <input type="checkbox"/> Students             |
| <b>Time:</b> _____                                                                                            | <input type="checkbox"/> Faculty              |
| <b>Venue:</b> _____                                                                                           | <input type="checkbox"/> Administrative Staff |
| <b>Duration:</b> _____                                                                                        | <input type="checkbox"/> Alumni               |
| <b>Mode:</b> <input type="checkbox"/> Offline <input type="checkbox"/> Online <input type="checkbox"/> Hybrid | <input type="checkbox"/> Others _____         |
|                                                                                                               | Expected Number of Participants: _____        |

### PART C: RESOURCE PERSON DETAILS

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Organisation: \_\_\_\_\_

Area of Expertise: \_\_\_\_\_

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Contact Number: \_\_\_\_\_

Email ID: \_\_\_\_\_

Honorarium (if applicable): ₹ \_\_\_\_\_

### PART D: OBJECTIVES OF THE ACTIVITY

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### PART E: EXPECTED LEARNING OUTCOMES

After attending this programme, participants will be able to:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

### PART F: NAAC MAPPING

#### NAAC Criterion

- ☐ Criterion I – Curricular Aspects
- ☐ Criterion II – Teaching, Learning & Evaluation
- ☐ Criterion III – Research, Innovations & Extension

- ☐ Criterion IV – Infrastructure & Learning Resources
- ☐ Criterion V – Student Support & Progression
- ☐ Criterion VI – Governance, Leadership & Management
- ☐ Criterion VII – Institutional Values & Best Practices

### PART G: NEP 2020 ALIGNMENT

Tick wherever applicable.

- ☐ Experiential Learning
- ☐ Skill Development
- ☐ Multidisciplinary Learning
- ☐ Indian Knowledge System
- ☐ Research & Innovation
- ☐ Community Engagement

- ☐ Environmental Sustainability
- ☐ Value-Based Education
- ☐ Employability
- ☐ Entrepreneurship
- ☐ Digital Learning
- ☐ Lifelong Learning

### PART H: SUSTAINABLE DEVELOPMENT GOALS (SDGs)

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Applicable SDGs:

- ☐ SDG 3 – Good Health & Well-being
- ☐ SDG 4 – Quality Education
- ☐ SDG 5 – Gender Equality
- ☐ SDG 8 – Decent Work & Economic Growth
- ☐ SDG 9 – Industry, Innovation & Infrastructure
- ☐ SDG 10 – Reduced Inequalities

- ☐ SDG 11 – Sustainable Cities & Communities
- ☐ SDG 12 – Responsible Consumption & Production
- ☐ SDG 13 – Climate Action
- ☐ SDG 16 – Peace, Justice & Strong Institutions
- ☐ SDG 17 – Partnerships for the Goals
- ☐ Others \_\_\_\_\_

### PART I: COLLABORATION DETAILS (if applicable)

Name of Collaborating Organisation/Institution:

-----

Nature of Collaboration:

-----

MoU Available:

- ☐ Yes
- ☐ No

### PART J: BUDGET ESTIMATE

| Particulars             | Estimated Amount (₹) |
|-------------------------|----------------------|
| Honorarium              |                      |
| Travel                  |                      |
| Refreshments            |                      |
| Certificates            |                      |
| Stationery              |                      |
| Publicity               |                      |
| Photography/Videography |                      |
| Miscellaneous           |                      |

Source of Funding:

- ☐ College
- ☐ IQAC
- ☐ Department
- ☐ Sponsorship
- ☐ Registration Fee
- ☐ Others \_\_\_\_\_

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Total Estimated Budget

### PART K: EVENT DOCUMENTATION TO BE SUBMITTED AFTER THE PROGRAMME

The Organising Committee shall submit the following within **three working days** after completion of the programme.

|                                                 |                                                         |
|-------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Detailed Event Report  | <input type="checkbox"/> Feedback Analysis Report       |
| <input type="checkbox"/> Attendance Sheet       | <input type="checkbox"/> Outcome Report                 |
| <input type="checkbox"/> Geo-tagged Photographs | <input type="checkbox"/> Copies of Certificates         |
| <input type="checkbox"/> Invitation/Brochure    | <input type="checkbox"/> Media Coverage (if any)        |
| <input type="checkbox"/> Speaker Profile        | <input type="checkbox"/> Bills & Financial Statements   |
| <input type="checkbox"/> Programme Schedule     | <input type="checkbox"/> Social Media/Website Links     |
| <input type="checkbox"/> Feedback Forms         | <input type="checkbox"/> AQAR Documentation             |
|                                                 | <input type="checkbox"/> Any Other Supporting Documents |

### PART L: DECLARATION

I certify that the above information is true to the best of my knowledge. I undertake to conduct the programme in accordance with the institutional guidelines and submit all required documents for IQAC, AQAR, and NAAC purposes within the stipulated time.

|                                         |                                               |
|-----------------------------------------|-----------------------------------------------|
| <b>Name of Event Convenor:</b><br>_____ | <b>Department:</b><br>_____                   |
| <b>Designation:</b><br>_____            | <b>Signature:</b> _____<br><b>Date:</b> _____ |

### IQAC REMARKS

|                                              |                             |
|----------------------------------------------|-----------------------------|
| Recommended:<br><input type="checkbox"/> Yes | <input type="checkbox"/> No |
|----------------------------------------------|-----------------------------|

Remarks: \_\_\_\_\_

IQAC Coordinator

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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### APPROVAL OF THE PRINCIPAL

The above activity is:

☐ Approved

☐ Approved with Modifications

☐ Not Approved

Remarks:

Principal:

Signature & Seal

Date: \_\_\_\_\_