**Form No. 3**

# Maharashtra Udayagiri Mahavidyalaya Udgir

## IQAC- Internal Quality Assurance Cell

## • Event Form

- **Name of the Event:.....**
- **Organised by:.....**
- **Date:.....Time:.....Venue:.....**
- **Objectives:**
    - o
    - o
- **Target Participants: Students/ Teaching Staff/ Non Teaching Staff/.....**
- **Total Number of Participants:.....**
- **A Brief Report on Event Outcome:**

- **Please enclose the documentary evidences – attendance list, photos, certificates, letters with this form before the sanction of the expenditure bill.**

**In charge** **Principal**