



INTERNAL QUALITY ASSURANCE CELL MAYANG ANCHALIK COLLEGE

RAJAMAYANG, MORIGAON, ASSAM- 782411

FORMAT FOR ADVANCE INTIMATION FOR ORGANIZING IN-HOUSE ACTIVITIES/EVENTS

NAME OF THE ACTIVITY/EVENT			
ORGANISED BY			
NAME(S) OF COORDINATOR(S)			
PROPOSED DATES			
VENUE		TIME	
BRIEF DESCRIPTION OF THE ACTIVITY/EVENT			
PARTICIPANT DETAILS			

Counter Signature by Principal

Signature (s) of the Event Coordinator(s)

Signature & Seal of IQAC Coordinator

Receipt Sl. No: _____

Date of Receipt: _____

(For office use)