



जम्मू केंद्रीय विश्वविद्यालय CENTRAL UNIVERSITY OF JAMMU

ADMINISTRATIVE APPROVAL FORM FOR APPROVAL OF ACADEMIC ACTIVITIES EXPENDITURES

1. Name of the Department/Centre/Unit/Office: _____
2. Name of the Academic Activities to be conducted: Tick the Relevant

Board of Studies Meeting <input type="checkbox"/>	School Board Meeting <input type="checkbox"/>	Eminent Lecture Series <input type="checkbox"/>	Workshop <input type="checkbox"/>	Seminar <input type="checkbox"/>
National Conference <input type="checkbox"/>	Expert Visit <input type="checkbox"/>	Picnic/Field Trip/Excursion <input type="checkbox"/>	Other purpose (Pl specify) <input type="checkbox"/>	

3. Purpose of the Activity: _____ (Please attach agenda of the meeting/ reporting item)
4. Date(s) of Activity From _____ to _____ (No. of days): _____
5. Venue of the Activity/Place to Visit: _____
6. No. of Members attending the meeting/ Students including faculty and Staff visiting outside University for purpose indicated above: _____
7. No. of External Members (out of the Total Number): _____

(Amount in Rupees)					
Honorarium to Experts/ External Members at approved rates	TA/DA as per authorization	Boarding/Lodging as per authorization	Refreshment/ Lunch etc.	Transport/ Local Conveyance	Any other Expenditure (incl. Justification)

Total Budgetary Support (mentioned above)	Sources other than CU Jammu (Grant/Funding/any other Source)	Support required from the University	Any other Information

Head of the Department/Organizer of the Event etc. shall observe expenditure as per authorization of the member.
Department shall follow UGC guidelines on safety of Students on and off Campus of the University (wherever applicable).
The expenditure shall be incurred as per GFR2017, University rules, Funding agency norms etc.

Signature of HoD/Wing Officer: _____
Date: _____

Recommended/Not Recommended by Dean of the School (wherever applicable)

9. Recommendation of Academic Branch: _____
10. Recommendation of Finance Branch (wherever applicable): _____
11. Sanctioned/Not Sanctioned: _____

कुलसचिव/ वीसी Registrar/PVC/VC: _____ दिनांक/ Date: _____

Administrative Approval No. _____ Dated _____ for Amount _____

P.S. The Application for approval should be submitted 10 working days prior to the activity date.