



National University
of Computer and Emerging Sciences

Pre-Approval



Seminar/ Workshop/ Conference Organization Form

Details of Event

Event Type (Conference, Seminar, Symposium)					
Major Discipline	Computer Science <input type="checkbox"/>	Engineering <input type="checkbox"/>	Social Sciences <input type="checkbox"/>	Physical Sciences <input type="checkbox"/>	Any other (Specify) <input type="checkbox"/>
Title					
Venue					
Date (s) of the Event					
Scope of the Event (Indicate Target Audience/Participants)					
Relevance & Scientific Significance of the Event with Reference to Existing National Needs					
Collaborating Institutions	1.				
	2.				
	3.				
Organizing Committees	Please attach list of all committees, e.g. General Chair, Program Chair, Finance Chair, Publication/Content Chair, Marketing Chair, Local Chair, etc.				
Expected Number of Participants	Host Institution		Other Institutions		
URL/Website of the Event, if any					
Previous Conference/Seminar/Symposium organized by the Department in the last 2 years, if any					
Title	Date	Sponsors		Cost (PKR)	

Organizer Profile

Organizing Campus:		
Name of Focal Person:		
Designation:		
Department/Campus:		
Correspondence address		
Contact Details	Phone:	Mobile:
	Email:	Fax:

Details of the Invited Speakers

Number of Foreign Invited Speakers	
Number of National Invited Speakers	

Total Estimated Cost of the Event

Item	Amount (PKR)	Details/Justification
Remuneration for Invited Speakers		
Accommodation for Invited Speakers		
Air Travel for Invited Speakers		
Entertainment		
Publication		
Stationery		
Any other		
TOTAL:		

Financial Assistance from other Sponsors

Item	Amount (PKR)	Sponsor (HEC, etc.)
Remuneration for Invited Speakers		
Accommodation for Invited Speakers		
Air Travel for Invited Speakers		
Entertainment		
Publication		
Stationery		
Any other		
TOTAL:		

Expected Income

Item	Amount (PKR)
Registration Fee (Authors)	
Registration Fee (Participants)	
Sponsors	
Any other Income (please specify)	

Attachments

Description (Please check relevant box)	Provided	Not Provided
CV of Principal Organizer mentioning major scientific contributions relevant to the topic of the event	<input type="checkbox"/>	<input type="checkbox"/>
List of Foreign and National Speakers, their CVs, Abstract of Presentation	<input type="checkbox"/>	<input type="checkbox"/>
Abstracts of presentations of the event	<input type="checkbox"/>	<input type="checkbox"/>
Brochure and Program of the event	<input type="checkbox"/>	<input type="checkbox"/>
List of Organizing Committee	<input type="checkbox"/>	<input type="checkbox"/>
Peer Review Committee Notification	<input type="checkbox"/>	<input type="checkbox"/>
A copy of the projected Expense and Income budget with relevant heads	<input type="checkbox"/>	<input type="checkbox"/>
A Copy of the Application submitted to the HEC for Organizing a Conference, Seminar, Symposium, Training Workshop	<input type="checkbox"/>	<input type="checkbox"/>

Undertaking by the Principal Organizer:

On behalf of the Organizing Agency and Working Committees, I hereby undertake and affirm that:

- All the information provided above is true to the best of my knowledge and belief.
- All the supporting documents submitted are authenticated.
- If the grant is provided, I shall solely be responsible for its proper utilization and submitting the accounts of expenditure against the grant for its proper utilization, adjustment with used air ticket and other receipts of expenditure, duly audited by the University Auditor, immediately after concluding the event.
- In case of cancellation, postponement, I shall be responsible for timely intimating the Head Office and will arrange for immediate refund of the grant provided.

Signatures of Principal Organizer

With Office Stamp and Date:

Campus Accounts

Code	Head Name	Budgeted Amount	Requested Amount	Remaining Budget
730100006	Research Workshop/Seminar Expenses			
Total Research Budget				
Prepared & forwarded by			Designation	
Date:			Signature	

Campus Director

Remarks	Recommended	<input type="checkbox"/>	Not Recommended	<input type="checkbox"/>	
Name					
Date:				Signature	

NUCES-HQ

ORIC

Remarks by Manager (RM)					
Date				Signature	
Remarks by GMO					
Date				Signature	
Director ORIC	Recommended	<input type="checkbox"/>	Not Recommended	<input type="checkbox"/>	
Date:				Signature	

Internal Auditor

Remarks	Recommended	<input type="checkbox"/>	Not Recommended	<input type="checkbox"/>	
Name					
Date				Signature	

Treasurer

Remarks	Recommended	<input type="checkbox"/>	Not Recommended	<input type="checkbox"/>	
Name					
Date				Signature	

Rector

Remarks	Approved	<input type="checkbox"/>	Not Approved	<input type="checkbox"/>	
Name					
Date				Signature	

Format of Requisite Details

(i) Travel for Foreign Invited Speakers

SN	Name of the Foreign Speaker	Traveling From (name of the country)	Estimates cost of Air Ticket (Rs.)
1			
2			
3			
4			
5			
	Total		

(ii) Travel for National Invited Speakers

SN	Name of the National Speaker	Traveling From (name of the city)	Estimates cost of Air Ticket (Rs.)
1			
2			
3			
4			
5			
	Total		

(iii) Accommodation for the Guests

SN	Name of the National Speaker	Traveling From (name of the city)	Estimates cost of Air Ticket (Rs.)
1			
2			
3			
4			
5			
	Total		

(iv) Publications

SN	Item	Quantity	Rate (Rs.)	Amount (Rs)

(v) Stationery

SN	Item	Quantity	Rate (Rs.)	Amount (Rs)

(vi) Remuneration

SN	Name of Person	Role in Event Management	Amount (Rs)