



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 the 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.

With Office Stamp and Date:

Signatures of Principal Organizer

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 |

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

Director Finance

| | | | | |
|---------|-------------|--------------------------|-----------------|--------------------------|
| 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) |
|-----------|-----------------------|---------------------------------|--------------------|
| | | | |
| | | | |
| | | | |
| | | | |