**Form SC-01**

**Feedback Form for Grant of Conference/Seminar**

|  |  |  |
| --- | --- | --- |
| **1** | **Coordinator/Focal Person’s Profile** | |
|  | Name |  |
| NIC |  |
| Designation |  |
| Department/Institute |  |
| University/DAI |  |
| Correspondence Address |  |
| Contact Details | Cell: Email: |
| **2** | **Conference/Seminar Details** | |
|  | Nature of the Event |  |
| Title of the Event |  |
| Event Date(s) |  |
| Venue |  |
| **3** | **Focus of the Conference/Seminar** | |
|  |  | |
| **4** | **Outcomes of the Conference/Seminars (in the form of recommendations, improved skills etc.)** | |
|  |  | |
| **5** | **Opportunities Emerged for National/ International Collaboration during the Event** | |
|  |  | |

Signature and Stamp of the Focal Person Signature and Stamp of Head of Department

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Feedback Form duly signed by the Head of Department needs to be submitted to PHEC along with Reimbursement Claim.