



Event Type: Organizing

Dept:	IT	Faculty I/c & Design:	Dr.G.Prema Arokia Mary, AP/IT		Is it approved in Budget?	NA			
1	Nature of Event	DA Event	Target Audience:	Students(S)	Event Date(s), Duration & Venue:		22-12-2023 10:45AM - 12:30PM ADM 208		
2	Event Name	"HackMaster : A session on Hackathon Excellence"	Total Participants:	KCT:77 Others: -	Regn. Fee (Rs):	KCT Others	F: - F: -	S: - S: -	I: - I: -
3	Outcome	Allows the attendees to get a clear idea on how to approach a hackathon and its basics on how to choose an apt problem statement. Wise use of Microsoft tools for developing solution concept and a successful hackathon participation.		Resource Person(s)	Karthikeyan N. (21BIT022) III YR, IT Department				
TASKS / REQUIREMENTS / RESPONSIBILITY / EXPENSE / ADVANCE AMOUNT REQ.									
	Task / Activity	Details / Requirements (Nos.)	Target date for Completion	Total Expense (Rs.)	Advance (Rs)		Faculty Name with Employee Number / Payable to (details)		
					Requested	Allotted			
1	Honorarium or Program Fee								
5	Memento Req. (no.)								
6	Media / Postage (KCT)								
7	Printing & Stationery								
8	Travel (Outstation & Local)								
9	Accommodation								
10	Food / Refreshments								
11	Registration Kit								
12	KCT Transport Req.	Req. Date: No. of persons: From: To:					Dr. Prema Arokia Mary (K00341)		
13	Miscellaneous Items	# gifts/awards		500/-					
14	Total Amount (Rs) - (A) Nil				Approved Budget (Rs.): Nil		1000/-		
15	Registration Amount (Rs): Nil	Sponsorship Agency & Amount (Rs): Nil	Total Revenue (Rs) - (B): Nil	Total Fund Req (Rs) (A-B): Nil	500	Total Advance Amount Req. (Rs.): Nil			
Faculty Incharge	<i>[Signature]</i>	Centre Head / HoD	HR (A or N/A)	AAD No. (0)15252 Head - AAD <i>[Signature]</i>	V.L. - <i>[Signature]</i>	Principal	Joint Correspondent		

Post Event (Settlement) Processes

Settlement Date:

Advance / Accounts Settlement	Received amt in Rs	Utilized amt in Rs	Verified by (Accounts Section)	Remarks
Honorarium or Program Fee				
Memento Req. (no.)				
Printing & Stationery & Registration Kit				
Travel (Outstation & Local)				
Accommodation				
Food / Refreshments				
Miscellaneous Items				
Balance Amount to be refunded (-) / paid (+). (Rs)				
AAD Report Submission Date (By AAD coordinator)				
Event Report to Communication (Date of submission)				