

Quaid-E-Azam Group of Colleges

Event Permission Form

Event Name: _____

Reason: _____

Event Venue: _____ Event Timing: _____

Society Name: _____

Teacher Name: _____

*who is leading the event

No. of Students: _____

Signature of DDSA

Signature of DSA

For Approval

Signature of Registrar

Signature of Director

(Note: Management will take strict action if any event will be organize without approval from the authorized person)