



College of Dental Sciences & Research Centre
Maa Kamla Charitable Trust

Ref. No. :

Date :

IQAC REQUISITION FORM

From

To

The IQAC head /co-ordinator
College of Dental Science and Research Centre,
Manipur -Ghuma,
Bopal, Ahmedabad

Respected Madam/ Sir

This is to bring to your kind notice that we the department/s of -----
have planned to conduct a Program named -----
----- on -----

We kindly solicit your permission for the same.

Thanking you

Yours Sincerely,

Date:

Place:



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LIST OF ENCLOSURES TO BE SUBMITTED BEFORE THE PROGRAM:

- A small write-up about the program (can be attached as a separate format with due signature)
- Brochure

LIST OF ENCLOSURES TO BE SUBMITTED AFTER THE PROGRAM :

- Feedback forms
- List of Participants
- Certificate
- Photograph of the Program
- Write up (Summary about the program)


DEAN
College of Dental Sciences & Research Centre. Ahmedabad