

Affiliated to Kavayitri Bahinabai Chaudhari North Maharashtra University, Jalgaon 🔹 कव्यित्री बहिणाबाई चौधरी उत्तर महाराष्ट्र विद्यापीठ, जळगांवशी संलग्न

Government College of Engineering, Jalgaon शासकीय अभियांत्रिकी महाविद्यालय, जळगांव An Autonomous Institute of Government of Maharashtra • महाराष्ट्र शासनाथ स्वयत्त संस्था

An Autonomous Institute of Government of Manarashtra = महाराष्ट्र शासनाचा स्वायत्त संस्था
NAAC Accredited with grade B++ (2024-2029) = नंक द्वारा नामांकन ब++ (२०२४-२०२९)
NH53, Jalgaon, Maharashtra, PIN 425 002 INDIA = राष्ट्रीय महामार्ग ५३, जळगांव, महाराष्ट्र, पिन ४२५ ००२ भारत
+91-257-2281522 = principal.gcoejalgaon@dtemaharashtra.gov.in, principal@gcoej.ac.in
Vision: Globally Accepted Engineers with Human Skills = Website: https://www.gcoej.ac.in = DTE Code: 5004



Proposal for Activity Approval

To, Principal										
Government College of Engineering, Jalgaon										
Name of the Activity:										
Type of Activity: Training / CEP Program / Workshop / Seminar / Conference/ Expert Talk / Remedial										
				<u> </u>						
Duration:										
Coordinator:				Co-Coordinator:						
Organizing Department /club : Civil / Mech / Elect / E&TC / Comp / Instru /App. Science / Workshop /										
Library / Hostel / Office /	Institute / D	Dean	/ Club							
Objectives & Abstract of	proposal:									
Beneficiaries:										
Deliverables:										
Organizing Agency: Self / Partner /Person/ Industry etc										
Budgetary Expenditure if required (Detailed Budget can be attached separately)	A. Total E. (out flow)	xpenditure of P	rogram	Rs.:						
	B. Total ar agency	mount spent for	external	Rs. :						
	C. Total re (in flow)	source generation	On	Rs.						
Expenditure Head:		Estimated cos	t (A+B-C)	Rs. :						
Sign of Coordinator:			Sign of Co-Coordinator:							
Approval and Recommendations of Head/ Dean / Technical Registrar : Yes/No			Signature Name							
Final Approval of the Principal : Yes/No				Ciamatuma						
If proposal is not approved- Reasons/any suggestions				Signature						

	Format for Estimated	Expendit	ture f	or Activ	rity:				
Name of the Ac	etivity:								
	y: Training / CEP Program / Workshoo-curricular/ Extra-curricular / other _					nedial —			
Budget Head	Item	Amount / Unit	Qty	Total Income	Total Expenditure	Remark			
Registration	Registration of Participants								
	Travelling/DA to participants if applicable								
	Registration kit (Pen/Pad/bag/Any other								
	Subtotal								
	Lunch/day (write approximate rate per lunch)								
	Dinner/day (write approximate rate per person)								
Food	Breakfast & Tea/day								