

**Institute Quality Assurance Cell  
 Professional and Social Activities Committee  
 Budget Sheet for proposed conference**

1. Department Name: \_\_\_\_\_

Conference Acronym	Receipts						Expenditure								
	Registration Fee	No. of expected registrations	Total Registration Fee (Expected)	External Financial Support (From Govt. institutions)	External Financial Support (From Private organizations)	Total Receipt	Remuneration to Keynote Speakers	Expenditure on Registration Material	Expenditure on Lunch, Tea, Snacks	Expenditure on Conference Dinner	Expenditure on Invited Guests	Expenditure on Souvenirs	Total Expenditure	Expenditure on Conference Proceedings	Expenditure on CD etc.

Name and Signature of Organizing Secretary

HOD/Director