

Government Arts & Science College - Avinashi - 641654

Permission for Conducting Student Enrichment Programmes

Name of the Department	
Target Audience / Class	
Number of Beneficiaries	
Proposed Date and Time of SEP	
Name of the Resource Person	
Designation	
Name of the Institution	
Place	
Phone Number	
Email ID	
<u>Proposed Topic of Discussion / Presentation</u>	
Signature of the Coordinator of the SEP	
Signature of the Head of the Department	
Signature of the Coordinator of the IQAC	