|  |  |
| --- | --- |
|  | ENDOWMENT FUND SECRETARIAT UNIVERSITY OF AGRICULTURE, FAISALABAD, PAKISTAN**UAF-US COLLABORATION FOR STRENGTHENING OF AGRI. ACADEMIA** Phone: 041-9201125, 9200161-170, Ext. 3604, 3607Website: [www.efsuaf.org](http://www.efsuaf.org) Email: efs@uaf.edu.pk |

**UNIVERSITY OUTREACH PROGRAM (UOP)**

**APPLICATION FORM**

**1. Profile of the Organizer**

|  |  |
| --- | --- |
| Name |  |
| Designation |  |
| Department |  |
| Highest qualification |   |
| Postal Address |  |
| E-mail |  |
| Phone(s) |  |

**2. Description of the Program**

|  |  |
| --- | --- |
| Title |  |
| Objectives  |  |
| Date of commencement  |   |
| Duration (days) |  |
| Venue |  |
| Number of Expected Participants |  |

**3. Detail of the Program**

|  |  |  |
| --- | --- | --- |
| Day | Activity detail | Resource Person/Expert |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |

**4. Funds requested**

|  |  |  |
| --- | --- | --- |
| **Code** | **Description** | **Amount (in Rs.)** |
| A01273 | Honorarium\* (for Trainers, Trainees, Resource Persons, etc; IF APPLICABLE) |  |
| A03805 | TA/DA (attache details) |  |
| A03807 | P.O.L Charges A.planes H.coptor S.Cars M/C (Govt) |  |
| A03919 | Payment to others for services rendered |  |
| A03901 | Stationary (attach detail) |  |
| A03902 | Printing and Publication (attache detail) |  |
| A03942 | Cost of Other stores (attach detail) |  |
| A06301 | Entertainment (attach detail) |  |
| A03940 | Unforeseen Expenditure (attach list & justification) |  |
| **Total funds requested (million rupees)** |  |

**\***attach detail including a brief CV, CNIC+NTN of the resource persons etc.

**6. Undertaking by the applicant**

|  |
| --- |
| I hereby undertake and affirm that the activity will be organized according to the proposed schedule and work plan. Consent letters from the participating person (Resource person, Co-organizer, Faculty member) have been attached. SIGNATURES OF THE APPLICANT  |

**7. Recommendations of the Chairman/Dean/Director**

##### **UNIVERSITY OUTREACH PROGRAM (UOP)**

##### REPORT OF ACTIVITIES

(to be submitted after conducting the event)

|  |  |
| --- | --- |
| **Name of Organizer** |  |
| **Designation** |  |
| **Department** |  |
| **Phone(s)** |  |

1. **Title of the activity:**
2. **Date and Duration:**
3. **Venue:**
4. **List of persons (Co-Organizer, Collaborator, Resource persons, Supporting staff)**
5. **Number of Participants:**
6. **Detail of activities (include pictorials):**
7. **Outcome of the activity:**
8. **Recommendations/suggestion for further improvement**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **SIGNATURES**

**Signature of Chairman/Dean/Director**

**CHECK LIST FOR REPORT SUBMISSION**

**Please ensure that relevant documents are attached/sent. Please tick the relevant.**

|  |  |  |
| --- | --- | --- |
| 1. | Activity report prepared on the prescribed format |  |
| 2.  | Activities are described in detail with pictures |  |
| 3. | **Soft copy of the report sent via email (at efs@uaf.edu.pk)** |  |
| 4. | **Separate picture files (in JPG format) sent via email.** |  |

**For Information only**

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