



UNIVERSITY OF VOCATIONAL TECHNOLOGY (UoVT)

EVENT PERMISSION & APPROVAL REQUEST FORM

To ensure a streamlined approval process, all relevant university authorities are requested to provide a response within three (3) working days from the date of form submission.

Form Reference No.		Date Received (Office Use Only)	
Submission Date:	YYYY / MM / DD	Academic Year:	

SECTION A: APPLICANT & ORGANIZING ENTITY DETAILS

01	Faculty / Division	
02	Department	
03	Student Society / Club / Association	
04	Other Organizing Entity	
05	Student Requesting Approval (Name)	
06	Student Registration No	
07	Year & Programme of Study	
08	Internal E-mail Address	
09	Personal E-mail Address	
10	Mobile Phone Number	
11	Landline Number (if available)	
12	Signature of Applicant:	Date: YYYY / MM / DD

SECTION B: GENERAL EVENT DETAILS

01	Event Name / Title	
02	Event Date & Time (Start)	YYYY/MM/DD hh:mm AM / PM
03	Event Date & Time (End)	YYYY/MM/DD hh:mm AM / PM
04	Duration (hours)	
05	Purpose / Objective of the Event	
06	Is this event in the approved Annual Event Calendar?	<input type="checkbox"/> Yes <input type="checkbox"/> No
07	If 'No' to Q06 – reason for deviation (attach supporting document if necessary)	
08	Event Type:	<input type="checkbox"/> In-House (On Campus) <input type="checkbox"/> Off-Campus / Outdoor <input type="checkbox"/> Hybrid / Virtual
09	Venue Name & Location	
10	Is a venue reservation required?	<input type="checkbox"/> Yes – Venue requested: _____ <input type="checkbox"/> No

11	Is a rehearsal venue / date required?	<input type="checkbox"/> Yes – Date/Time: _____ <input type="checkbox"/> No
12	Strategy No. in University Strategic Plan / Society Annual Calendar	
13	Is Government Authority approval required? (outdoor events / loudspeakers)	<input type="checkbox"/> Yes <input type="checkbox"/> No
14	Will the event be live-streamed or officially recorded?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	Expected Number of Attendees	

SECTION C: EVENT SCOPE CHECKLIST		
<i>Tick (✓) all items that apply to your event. Separate approval must be obtained for each ticked item before the event date.</i>		
	Event Element	Event Element
<input type="checkbox"/>	Invitations & Dress Code	<input type="checkbox"/> Refreshment / Catering Arrangements
<input type="checkbox"/>	Publicity Materials (banners, leaflets, etc.)	<input type="checkbox"/> Photography / Videography Arrangements
<input type="checkbox"/>	Entrance / Registration Fee Collection	<input type="checkbox"/> Media Arrangements (press, TV, radio)
<input type="checkbox"/>	Detailed Cost Estimate & Budget	<input type="checkbox"/> Arrangements for Differently Abled Persons
<input type="checkbox"/>	Venue Reservation (rehearsal & final event)	<input type="checkbox"/> Vehicle Parking & Traffic Control
<input type="checkbox"/>	Seating & Stage Arrangement Plan	<input type="checkbox"/> Sponsorships, Souvenirs & Donations
<input type="checkbox"/>	Programme Itinerary	<input type="checkbox"/> Gifts, Plaques & Mementos
<input type="checkbox"/>	Theme & Decorations	<input type="checkbox"/> Approval for Guest Speakers
<input type="checkbox"/>	Lighting of Oil Lamps & Protocol	<input type="checkbox"/> Comperes / Announcers
<input type="checkbox"/>	Guest Receiving & Ushering	<input type="checkbox"/> Social Media / Website / Press Release
<input type="checkbox"/>	Music & Audio-Visual Equipment	<input type="checkbox"/> Security Arrangements
<input type="checkbox"/>	Live-Streaming / Official Recording	<input type="checkbox"/> First Aid / Health & Safety Plan
<input type="checkbox"/>	Government Authority Permits	<input type="checkbox"/> Post-Event Financial Report
<input type="checkbox"/>	External Vendor / Contractor Management	<input type="checkbox"/> Insurance (if applicable)

SECTION D: GUEST & SPEAKER DETAILS		
01	Name & Designation of Chief Guest	
02	Name(s) & Designation(s) of Guest(s) of Honour	
03	Special Invitees (Name, Designation, Institution)	
04	Outside / External Invitees (Name, Designation, Organisation)	
05	Confirmed Speakers (Name, Topic, Institution)	
06	Comperes / Announcers (Name & Contact No.)	
07	Invitees for Lighting of Oil Lamps (Name & Designation)	
08	Guest Receiving & Ushering Committee (Names)	

SECTION E: MUSIC & AUDIO-VISUAL ARRANGEMENTS

01	Will there be music at the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
02	Type of Music:	<input type="checkbox"/> Live Band (Acoustic) <input type="checkbox"/> Live Band (Amplified) <input type="checkbox"/> DJ <input type="checkbox"/> Recorded/Playlist <input type="checkbox"/> Other: _____
03	Audio-Visual Equipment required?	<input type="checkbox"/> Projector <input type="checkbox"/> PA System <input type="checkbox"/> LED Screen <input type="checkbox"/> Microphones <input type="checkbox"/> Other: _____
04	WiFi / Internet access required?	
05	Will outdoor loudspeakers be used?	<input type="checkbox"/> Yes (Government permit required) <input type="checkbox"/> No
06	Estimated Cost for Music / AV Arrangements (LKR)	
07	Three phase electricity required	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION F: FOOD, REFRESHMENTS & CATERING

01	Will food / refreshments be served?	<input type="checkbox"/> Yes <input type="checkbox"/> No
02	Catering Type:	<input type="checkbox"/> External Caterer <input type="checkbox"/> Self-Catered <input type="checkbox"/> University Canteen
03	Name & Contact of Caterer (if already selected)	
04	Will food / tickets be sold at the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
05	Dietary / Religious requirements catered for:	<input type="checkbox"/> Halal <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Other: _____
06	Estimated Cost for Food & Refreshments (LKR)	

SECTION G: FINANCIAL & BUDGET SUMMARY

A detailed budget breakdown must be attached as Annex 01. Summarize key figures below.

#	Budget Item	Estimated Cost (LKR)	Approved (Office Use)
1	Venue / Hall booking		
2	Decorations & Stage Setup		
3	Music / Audio-Visual Equipment		
4	Food & Refreshments		
5	Invitations & Publicity Materials		
6	Photography / Videography		
7	Gifts, Plaques & Mementos		
8	Security & First Aid		
9	Transportation		
10	Miscellaneous		
	TOTAL		

Funding Sources: University Budget Allocation Registration Fees Sponsorships Donations Ticket Sales
 Other: _____

SECTION H: PUBLICITY, INVITATIONS & REGISTRATION		
01	Invitation Type: ____	<input type="checkbox"/> E-mail <input type="checkbox"/> Printed Cards <input type="checkbox"/> Printed Letters <input type="checkbox"/> WhatsApp / Social Media <input type="checkbox"/> Other: _____
02	Publicity Channels:	<input type="checkbox"/> social media <input type="checkbox"/> Print Media <input type="checkbox"/> UoVT Notice Boards <input type="checkbox"/> Email <input type="checkbox"/> Other: _____
03	Will banners / posters be displayed on campus?	<input type="checkbox"/> Yes – Locations: _____ <input type="checkbox"/> No
04	Registration Fee collected?	<input type="checkbox"/> Yes – Amount (LKR): _____ <input type="checkbox"/> No
05	Will a Press / Media Release be issued?	<input type="checkbox"/> Yes <input type="checkbox"/> No
06	Will UoVT social media / Website be updated with event news?	<input type="checkbox"/> Yes <input type="checkbox"/> No
07	Estimated Cost for Invitations & Publicity (LKR)	

SECTION I: SAFETY, SECURITY & COMPLIANCE		
01	Security personnel required?	<input type="checkbox"/> Yes – Estimated No.: _____ <input type="checkbox"/> No
02	First Aid Officer / Medical Personnel on duty?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Mandatory for events with >150 attendees)
03	Emergency evacuation plan prepared?	<input type="checkbox"/> Yes <input type="checkbox"/> No
04	Fire safety measures in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
05	Arrangements for Differently Abled Persons: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No – Details: _____
06	Vehicle Parking & Traffic Control plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
07	Government Authority Permit obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – Permit No. (if Yes): _____
08	External vendors / contractors entering campus?	<input type="checkbox"/> Yes – Details: _____ <input type="checkbox"/> No
09	Event content reviewed for compliance with university values & regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION J: SPONSORSHIPS, DONATIONS & EXTERNAL RELATIONS		
01	Will sponsorships be sought / accepted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
02	Sponsor Name(s) & Type of Sponsorship (Financial / Material / In-Kind)	
03	Will donations be collected at the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
04	External organisations / third parties involved?	<input type="checkbox"/> Yes – Details: _____ <input type="checkbox"/> No
05	Souvenirs to be distributed?	<input type="checkbox"/> Yes – Details: _____ <input type="checkbox"/> No
06	Gifts / Plaques / Mementos:	<input type="checkbox"/> Yes – Details: _____ <input type="checkbox"/> No
07	Estimated Total Value of Sponsorships / Donations (LKR)	

SECTION L: SUPPORTING DOCUMENTS CHECKLIST

#	Document	Attached?
1	Annex 01 – Detailed Budget Breakdown	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Annex 02 – Programme / Itinerary	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Annex 03 – List of All Participants / Attendees (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Annex 04 – Seating / Stage / Venue Layout Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Annex 05 – Draft Invitation / Publicity Materials (for approval)	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Annex 06 – Government Authority Permit (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Annex 07 – Sponsorship Agreement(s) (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Annex 08 – Caterer / Vendor Quotations	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Annex 09 – Any Other Relevant Supporting Document	<input type="checkbox"/> Yes <input type="checkbox"/> No

TERMS & CONDITIONS — PLEASE READ CAREFULLY BEFORE SIGNING

1. Requests are considered on a first-come, first-served basis and must be received by the Vice Chancellor's office at least 14 business days before the event.
2. All information provided in this form must be accurate and complete. Submission of false or incomplete information may result in cancellation of approval and/or disciplinary action.
3. Approved status does not guarantee availability of resources. Organizers are responsible for making all necessary bookings and arrangements.
4. Written notice of cancellation must be given to the office at least one week prior to the event. Failure to cancel may result in loss of venue reserving privileges.
5. Organizers are responsible for ordering additional furniture/equipment by written request for in-house events.
6. Organizers are fully responsible for maintaining discipline and order during the event and for any damage caused to university property or equipment.
7. Organizers are responsible for all applicable security charges.
8. The HOD / Dean / Chief Student Counsellors / Director General / Vice Chancellor reserves the right to cancel or modify approval if regulations and criteria are not met.
9. A post-event report including financial accounts must be submitted to the relevant Dean / HOD within 14 days of the event.
10. All publicity materials (banners, social media posts, press releases) must carry the University name and logo and must be approved before publication.
11. Organizers must ensure compliance with all relevant Sri Lankan laws, University statutes, and the UoVT Student Code of Conduct throughout the event.

DECLARATION: I have read, understood, and agree to abide by all the above terms and conditions.

Signature of Applicant: _____ Name (Print): _____

_____ Date: YYYY / MM / DD

OFFICIAL APPROVAL SECTION — FOR AUTHORISED USE ONLY

APPROVAL 1: HEAD OF DEPARTMENT (HOD)			
Name (Print Clearly)	Date	Designation	Signature
Decision: <input type="checkbox"/> APPROVED		<input type="checkbox"/> REJECTED	<input type="checkbox"/>
RETURNED FOR REVISION		Remarks / Conditions:	

APPROVAL 2: DEAN OF THE FACULTY			
Name (Print Clearly)	Date	Designation	Signature
Decision: <input type="checkbox"/> APPROVED		<input type="checkbox"/> REJECTED	<input type="checkbox"/>
RETURNED FOR REVISION		Remarks / Conditions:	

APPROVAL 3: CHIEF STUDENT COUNSELLOR — 1			
Name (Print Clearly)	Date	Designation	Signature
Decision: <input type="checkbox"/> APPROVED		<input type="checkbox"/> REJECTED	<input type="checkbox"/>
RETURNED FOR REVISION		Remarks / Conditions:	

APPROVAL 5: DIRECTOR GENERAL (DG)			
Name (Print Clearly)	Date	Designation	Signature
Decision: <input type="checkbox"/> APPROVED		<input type="checkbox"/> REJECTED	<input type="checkbox"/>
RETURNED FOR REVISION		Remarks / Conditions:	

APPROVAL 6: UNIVERSITY PROCTOR			
Name (Print Clearly)	Date	Designation	Signature
Decision: <input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/>		Remarks / Conditions:	
RETURNED FOR REVISION			

APPROVAL 7: VICE CHANCELLOR			
Name (Print Clearly)	Date	Designation	Signature
Decision: <input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/>		Remarks / Conditions:	
RETURNED FOR REVISION			

— FOR OFFICE USE ONLY —

VC'S OFFICE — RECEIPT & PROCESSING RECORD			
Received By	Date & Time Received	Reference No. Assigned	Final Decision
Official Stamp:			
Forwarded to: <input type="checkbox"/> HOD <input type="checkbox"/> Dean <input type="checkbox"/> Student Counsellor <input type="checkbox"/> DG <input type="checkbox"/> VC			

This form is the property of the University of Vocational Technology (UoVT). Completed forms are confidential and must not be reproduced without authorisation. Form Version 1.0 — April 2026