



# Central University of Kashmir

Directorate of Information Technology & Support System  
Green Campus, Duderhama, Ganderbal-191201



## Registration Form for Online Events (to be submitted 3 days prior to the Date of Event)

### DETAILS (to be filled by the Department)

Department Name: \_\_\_\_\_

Name & Mobile No. of the Technical Assistant.: \_\_\_\_\_

Event Title: \_\_\_\_\_

Event Platform (ZOOM/ GOOGLE MEET/ VIDEO CONFERENCE): \_\_\_\_\_

No. of Participants (Maximum 100): \_\_\_\_\_

Event Venue: \_\_\_\_\_

Event Date & Time: \_\_\_\_\_

### UNDERTAKING

I certify that:

1. This form shall be immediately forwarded (in soft) to [itss@cukashmir.ac.in](mailto:itss@cukashmir.ac.in) three (3) days prior to Event.
2. The Dept. shall depute a Technical Assistant who will continuously coordinate with ITSS during the event.
3. ITSS will only provide the Technical Support. No support in terms of contacting the participants or filtering the responses before or after the event or Certificate Design will be provided.

**HoD/ Controlling Officer**  
Seal & Signature

### FOR ITSS ONLY

Remarks: \_\_\_\_\_

Dated: \_\_\_\_\_

**Administrator**  
Signature