



KULLIYAH OF LANGUAGES AND MANAGEMENT

KLM INTERNAL COLLABORATION FORM

(Filled by the Colaborators)

DETAILS OF THE PROGRAMME

Name of the Programme :

Organizer :

Date of the Programme :

DETAILS OF THE COLLABORATOR

Societies / Clubs Involved :

Budget Allocated :

Budget From :

RECOMMENDATION : TO BE COMPLETED BY THE FINANCIAL CONTROLLER

I confirmed that I have understood and informed on the budget allocated for the programme as mentioned above

Collaborator Financial Controller

Signature :

Name :

Society/Club :

Date :

APPROVAL : TO BE COMPLETED BY THE COLLABORATOR ADVISOR

Signature :

Stamp :

Date :