

CHECK LIST

Programme Budget

Programme Name:

Faculty Name:

Academic Coordinator:.....

1. Request from the SAR/AR or the Academic Coordinator
2. Consent from relevant Board of Study
3. Senate Approvals N/A
4. UGC Approvals N/A
5. Study Programme Proposal
6. Signature of the academic coordinator for the budget
7. Signature of the Director/CDCE for the budget
8. Signature of the AR, SAR/CDCE for the budget
9. Signature of the SAB/CDCE for the budget
10. Board of Study Approval
11. Finance Committee Approval

Prepared By :

Name :

.....

Signature

Date :

Senior Assistant Bursar