**CENTRE FOR BRAND IMAGE DEVELOPMENT (CBID)**

**OFFICIAL USE ONLY**

APPLICATION FORM FOR CBID FINAL PROJECT REPORTS

1. **Name of the Department/Unit/Centre:**
2. **Name of the Faculty:**
3. **Name of the Project :**
4. **Project duration:**

From: To:

1. **Specific project outcomes achieved/publicity impact/stakeholder relationships:**
2. **Measures proposed or taken to ensure the sustainability of the project outcomes and feedback received from the stakeholders of the project/event: (use a separate paper if needed)**

*Name of the applicant/project coordinator:*

Note: Please email this form to Director -CBID with one page summery of the project executed to publish in the CBID website with one or two event photos or images of evidence.

1