GC UNIVERSITY LAHORE

Function/Seminar/Event/Activity Form

(*This Form must reach to the office of Registrar at least 7 days prior to the holding of event*)

NO: _____

Date: _____

Form _____ Department/Society/Hostel

1. Name of the Event _____
2. Nature of the Event (Function/Activity/Seminar/Guest Lecture/Invited Lecture/Training/ Conference /Workshop etc.) _____
3. Day/Date/Time: From _____ To _____
4. Collaborating Institution/Organization _____
5. Sponsor Name_____ Sponsorship Amount_____
6. Proposed Venue _____
7. In-Charge/ Coordinator Name _____Contact # _____
7. Outline Details:

   - Attach program of the event including Brochure, Script, Schedule of the Program and Invitation Card etc. (if any)
   - In case of Guest Speaker(s)/ Trainer/Invited Lecture, attach a detailed profile of relevant person with the draft of the speech/training module/objective of the lecture/workshop
   - Attach the list of guests if invited from other Universities/ Organizations

9. Detail of the participants:

   - In case of students

Academic Program	Semester	No. of Students

   - In case of Staff

Department	Gazetted/Non Gazetted	No. of Staff

10. Detail of Media (Print/ Electronic) Coverage (*if required*)_____

11. **Event Management** *(Please Specify details to the administrative support required)*

Requirement	✔	x
Sound System		
Recording		
Special Arrangements (decoration, etc.)		
Refreshment (Mention the Category (if required):_____) *Attach list for number of persons*		
Bouquet		
Souvenirs		
University Photographer		
Any other:		

12. **Transport (*Subject to availability*):**

Vehicle Required (Car, Van, Hiace, Coach, Bus)	Purpose	No. of Persons	Destination with Date & Time

13. Undertaking:

   I.   No activity (like Music etc. in the open area) which interferes in academic work shall be held.

  II.   Certified that the above requisition items are within the authorization of this department and will be properly accounted for.

<u>Signature</u>

In-Charge/Coordinator _____   **Chairperson** _____

_____   _____
(With Name, Designation & Stamp)   *(With Name, Designation & Stamp)*

Chairman, Societies Board *(if required)* _____

_____
(With Name, Designation & Stamp)

> ➢ *Proforma must be filled in properly. All Columns to be filled/crossed if not applicable. Action may not be possible in case of omissions/incomplete entries.*

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<u>Treasurer Office (For Financial Viability)</u>

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14.   Funds are available (Yes/No)_____
                                      If Yes
                                      Funds of Rs. _____are available

                                      _____
                                                  Treasurer

_____

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<u>Registrar Office</u>

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15.   **<u>Recommended/ Not Recommended</u>**   _____

                                                               Registrar

_____

16.   **<u>Approved/ Not Approved</u>**   _____

                                                 Vice Chancellor

_____

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For Use in Registrar Office (For Notification)

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