

GC UNIVERSITY LAHORE

Function/Seminar/Event/Activity Form

(This Form must reach Director Facilities at least 7 days prior to the holding of the event)

No. _____
Date: _____

From: _____ Department/Society/Hostel

1. Name of the Event: _____
2. Nature of the Event (Lecture, Seminar, Conference, etc): _____
3. Day/Date: From: _____ To: _____
4. Duration: _____
5. Venue (Desired) _____
6. In-Charge/Coordinator Name: _____ Ph #: _____
Cell #: _____
7. Outline Details: Please attach program of the event (if any): Additional paper may be used if required.

Details of the Event/Program	Opening Ceremony	Main Event	Closing Ceremony
Day/Date & Time			
Place (Desired)			
Name of the Chief Guest			
Name of the Speaker (s)			
Other participants			

8. Attendance (Only in case of University level major functions)

Class	Session	No. of Students	Others

9. Detail of Media Coverage: _____
Print & Electronic Media _____
(For PRO Office)

10. **Event Management:** (Please specify details of the administrative support required)

- Venue (availability of Hall, Auditorium, etc): _____
- Sound System: _____
- Recording: (If required) _____
- Venue Arrangements (decoration, etc): _____
- Refreshment: Menu Categories (Tea, Lunch, Dinner) _____
- No. of Persons for Refreshment (Please attach list) _____
- University Brochures: (If required) _____
- Bouquet: (If required) _____
- Souvenirs: (If required) _____
- University Photographer: (If required) _____
- Any other (Please specify) _____

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

	<u>No.</u>	<u>Purpose/User</u>	<u>Destination with Date/Time & Route</u>
• Car			
• Van			
• Hiace			
• Coach			
• Bus			

12. **Attached:**

(Please attach the following (if applicable); List of persons (for Refreshment only); Brochure; Script; Schedule Program Detail; Invitation Card; Draft Speech; etc)

13. **Undertaking:**

- i. No activity (like Music etc in the open area) which interferes in academic work will be undertaken.
- ii. Certified that the above requisitioned items are within the authorization of this department and will be properly accounted for.

Signature: _____

Signature: _____

I/C Coordinator: _____
(with Name, Designation & Stamp)

Chairperson: _____
(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.*

Treasurer Office

14. **Treasurer (Financial Appropriation):** Funds of Rs. _____ are available.
Funds are not available.

Budget Supdt.

Treasurer

Approval

15. **Approved/Not Approved:** _____

V.C.

For Use in Director Facilities Office