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.

<table>
<thead>
<tr>
<th>Details of the Event/Program</th>
<th>Opening Ceremony</th>
<th>Main Event</th>
<th>Closing Ceremony</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day/Date &amp; Time</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Place (Desired)</td>
<td></td>
<td></td>
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<tr>
<td>Name of the Chief Guest</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Name of the Speaker(s)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Other participants</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Class</th>
<th>Session</th>
<th>No. of Students</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

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):**

<table>
<thead>
<tr>
<th>No.</th>
<th>Purpose/User</th>
<th>Destination with Date/Time &amp; Route</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Car</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Van</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hiace</td>
<td></td>
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<tr>
<td></td>
<td>Coach</td>
<td></td>
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<tr>
<td></td>
<td>Bus</td>
<td></td>
</tr>
</tbody>
</table>

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: 

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.**

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**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.

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For Use in Director Facilities Office