



Lahore College for Women University

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 # _____
8. 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) _____

KINDLY MENTION DETAIL OF BUDGET	Amount
Total budget required	
Budget head	
Break down of expense	

12. Transport (Subject to availability):

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

13. **Estate Office**

Already scheduled event (Yes/No):

.....

Senior Estate Officer _____

14. **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.

Signature

In-Charge _____

Chairperson _____

(With Name, Designation & Stamp)

(With Name, Designation & Stamp)

Dean _____

DSA _____

(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 (For Financial Viability)

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

Treasurer

Registrar Office

16. **Recommended/ Not Recommended** _____
Registrar

17. **Approved/ Not Approved** _____
Vice Chancellor

For Use in Registrar Office (For Notification)