

SZABIST

SEMINAR FACILITATION FORM (Auditorium)

Event Date _____ Timing: From _____ to _____

Faculty Responsible for Organizing the Session _____

Course _____ Program/Section _____

Seminar Details:

Name of Speakers _____ Organization _____

Designation _____ Topic _____

Brief Detail of Speakers and Course Relevance

Audio Visual Request

Multimedia Projector PC

Others _____

Any other Requirement _____

External Guests Invites: Yes (List to be attached for Admin)/ No

Requested by Student/Faculty HoD Approval Examination Controller Administration Department

Date: _____ Date: _____ Date: _____ Date: _____

Academic Department/Date

IT Dept / Date

FOR OFFICE USE

___ Copy to relevant PM and deptts provided ___ Giveaway provided

___ Room assigned

___ Multimedia, mike, sound system provided, as required

Note: Relevant HoD/PM/ Faculty will be responsible for the event.