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 Date:______________  HoD Approval Date:________  Examination Controller Date:______________  Administration Department 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.

Revised - April 22, 2014