Memo No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Dated: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_

**Event Management Performa**

|  |  |
| --- | --- |
| Name of Host Department: |  |

|  |  |
| --- | --- |
| Event Title/Nature of Event: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date: |  | Time:  |  | Proposed Venue: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Chief Guest  | Name:  |  | Designation: |  | Department: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Particularity of guests  | National: |  | International: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Total Participants | Students: |  | Faculty: |  | Others: |  |

|  |  |
| --- | --- |
| Proposed sitting plant according to venue: |  |
|  |
|  |
|  |

|  |
| --- |
| Required Physical / Technical Resources: |
| 1. |  |
| 2. |  |
| 3. |  |

|  |
| --- |
| Refreshment including Menu (items): |
| For Guests: |  |
| For Participants: |  |
| Focal persons of the Concerned Department: |
| 1. | Name/Designation: |  | Contact No. |  |
| 2. | Name/Designation: |  | Contact No. |  |
| 3. | Name/Designation: |  | Contact No. |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Head of Department: |  | Signature: |  |

|  |  |  |
| --- | --- | --- |
| Stamp: |  |  |
| **For office use only** |
| Remarks: |  |
|  |
|  |
|  |
| **Event Manager Signature:** |  |  |

**Note: Please attach the detail activity plan of the event including sources of funding.**