Activity / Event Proposal Form

NOTE: For the smooth execution of the event, it is advised to fill in the form and submit it at least four (4) weeks before arranging a mega/university-wide event and three (3) weeks before internal/class activity.

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| **Programme/Activity Details** |
| Date of Submission |  |
| Name of Society |  |
| Requester Name and Designation |  |
| Activity Name |  |
| Nature of Activity |  |
| Intended Date of the Activity\* |  |
| Proposed Location |  |
| Alternate Location\* |  |
| Activity Start Time  |  |
| Activity End Time |  |
| Target Audience |  |
| Expected Number of Participants |  |
| Activity Description |  |
| Programme Flow*(Please share minute-to-minute details of the event)* |  |
| How does this activity promote society’s vision/mission/objectives? |  |
| Does your activity involve any Physical Activity? | * Yes
* No
 |
| If yes, list down the nature of the Physical Activity. | 1.2. |
| Does your activity involve any travelling? | * Yes
* No
 |
| Do you want support for the arrangement of transportation? | * Yes
* No
 |
| If yes, confirm the number of participants. |  |
| Have you discussed your budget before submission of the form with OSEP? | * Yes
* No
 |
| **Financials** |
| Total Cost of the Activity  |  |
| Contribution by Students/Society |  |
| Amount requested from the OSEP |  |
| Approved Amount by OSEP*(To be provided by the office)* |  |
| **Marketing & Promotion** |
| How are you planning to create awareness / market your event? |  |
| Are you planning to use University insignia, i.e., logo or mascot, in your event, for example, flyers, banners, t-shirts, or souvenirs?  | * Yes
* No

*If yes, contact OSEP staff for details and coordination.* |
| List all Administrative Support Requirements | 1.2.3.4.5. |
| **Vendor details for Outsourced Services** |
| Are you contracting a service from outside? | * Yes
* No
 |
| If yes, provide the following details: |
| Name |  |
| Address |  |
| Contact Number |  |
| **Event Management / Coordination Team** |
| Provide details of the individual(s) responsible for coordinating the event. |
| **Contact 1:** |
| Name |  |
| Email |  |
| Contact No. (WhatsApp) |  |
| **Contact 2:** |  |
| Name |  |
| Email |  |
| Contact No. (WhatsApp) |  |

Important Notes:

* Please ensure no other activity is scheduled on the same date and venue – Check with the Office of Student Experience.
* It is essential to coordinate with the OSEP for budgetary/monetary and other technical matters before putting up this proposal.
* Please check the following with the vendors:
	+ The vendor is registered with AKU (if not, request the vendor to fill in the supplier ID form and submit it with a copy of CNIC and a chequebook leaf. Request OSEP to provide a supplier ID form)
	+ The vendor is a tax filer.
	+ The vendor is paying all taxes depending on the nature of services (SST. GST, WHT etc.).
	+ An invoice inclusive of taxes for review.