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.