



# GOVERNMENT MEDICAL COLLEGE PADERU

## EVENT/ PROGRAM DETAILS FORM

**Note:** Fill the Following Details and put a ✓ (tick) above required information and X (cross) unwanted information  
Submit a Physical Copy to Concerned authority and approved Digital photo copy to [govtmedcollegepaderu@gmail.com](mailto:govtmedcollegepaderu@gmail.com)

1. **Event Name:**
2. **Event Date:**
3. **Event Timings: from** \_\_\_\_\_ **to** \_\_\_\_\_
4. **Event Venue:**
5. **Objective [ academic (conference, workshop), social (cultural fest, alumni meet), awareness-focused (health camp, public lecture), Sports ]:**
6. **Organized by [ Administration/ Students/ Others ]:**
7. **Participants [ Chief guests/ faculty/ registered participants/ Student/ Press and media/ Parents/ Public ]:**
8. **Participants Count:**
9. **Paid Event / Free Event:**
10. **Event Entry Fee per person:**
11. **Total Budget [flexis/ garlands/ balloons/ bouquets/ Jyothi lighting lamp wick &oil/ decorative items/ venue rental/ refreshments/ speaker fees/ equipment rental/ transportation/ photo booth frame]:**

**Event Organizer**

**Event Approved by**

**Name:**

**Name:**

**Sign:**

**Sign:**

**(Administration/ Student)**

**(Principal/ Vice-Principal)**

**Date:**

**Place:**