

**Shri. Vitthalrao Shankarrao Naik Arts, Commerce and
Science College, Raver**

Name of Teacher:

Job as a Name of
Committee:

Title of a programme:

Name of Guest: i) ii)
iii) iv)

Date of Programme: To

Level of Programme: National/ University/ College

Brief about programme :

Venue of Programme: Seminar Hall/First Floor Hall / Premises of Institute Things required

SrNo.	Particulars	Yes/No	Quantity
1	Sammai		
2	Bukey		
3	Haar		
4	Flowers		
5	Photo		

Other required facilities:

SrNo.	Particulars	Yes/No	Quantity
1	Projector		
2	Computer		
3	Banner		
4	AudioSystem		
5	Camera		

Non-teaching staff required: Yes/No

If Yes, then number of nonteaching Staff:

Name of Non-teaching Staff: i) ii)
iii) iv)

Feedback form required: Yes/No

Geo tagged Camera:

Any Remark

Date:

Place:

Name and Signature