

# Pre Meeting Preparation Review

Company \_\_\_\_\_

Business Unit \_\_\_\_\_

Area \_\_\_\_\_

Meeting Title \_\_\_\_\_ Initiated by \_\_\_\_\_

Venue \_\_\_\_\_ Meeting Date \_\_\_\_\_ Review Date \_\_\_\_\_

Pre Meeting Preparation Review is directly proportional to success of the meeting during its conduction. Its 02 major segments are 'Planning & Documentation' and 'Execution & Operations'. If these are reviewed properly; there would be a flawless meeting but its subsequent results are dependent on flawless implementation of its successor steps.

## Planning & Documentation

 Type of meeting \_\_\_\_\_ Review (R) ☐ Plan (P) ☐ R and P ☐ Info ☐

Status of objective formulation \_\_\_\_\_

Approval status \_\_\_\_\_

Status of agenda input from participants \_\_\_\_\_

Status of agenda finalization \_\_\_\_\_

Status of agenda objective relevance evaluation \_\_\_\_\_

Status of CPA for meeting organizers \_\_\_\_\_

Status of presentations &amp; handouts required \_\_\_\_\_

## Execution & Operations

Review of meeting guidelines \_\_\_\_\_

Status of team finalization to organize the meeting \_\_\_\_\_

Status of preparing the list of invitees \_\_\_\_\_

Status of formal invitations to all the invitees \_\_\_\_\_

Status of the arrangement of meeting room &amp; it's allied requirements \_\_\_\_\_

Status of arrangement of hotel stays, food &amp; beverages \_\_\_\_\_

Status of assigning intra meeting responsibilities (observing time line, taking minutes, receiving important calls etc.) \_\_\_\_\_

# Meeting Objectives

Company\_\_\_\_\_

Business Unit\_\_\_\_\_

Area \_\_\_\_\_

MEETING TITLE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date\_\_\_\_\_ Day \_\_\_\_\_

Venue\_\_\_\_\_

Primary Objective

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Urgency.                      High                      ☐                      Medium                      ☐                      Low                      ☐

Implications.                      Short term                      ☐                      Medium term                      ☐                      Long term                      ☐

Secondary Objectives

| S. No. | Objectives | Urgency | Implications |
|--------|------------|---------|--------------|
|        |            |         |              |
|        |            |         |              |
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|        |            |         |              |

# AGENDA INCLUSION REQUEST FORM

Page No. 03

Date. \_\_\_\_\_

Company \_\_\_\_\_

Business Unit \_\_\_\_\_

## Problem

1. Statement. \_\_\_\_\_

2. Occurrence      1<sup>st</sup> Time ☐      Repeated ☐      Continuous ☐

3. Efforts to resolve the problem

| What        | Who         | Results     |
|-------------|-------------|-------------|
| <div></div> | <div></div> | <div></div> |

4. In case of repeated or continuous problem; please mention dates and evidence of previous communication

Date \_\_\_\_\_

Courier No/email \_\_\_\_\_

## Opportunity

1. Statement. \_\_\_\_\_

2. Since. \_\_\_\_\_

3. Efforts to capitalize the opportunity

| What        | Who         | Results     |
|-------------|-------------|-------------|
| <div></div> | <div></div> | <div></div> |

4. In case of non response by senior hierarchy; please mention dates and evidence of previous communication

Date \_\_\_\_\_

Courier No/email \_\_\_\_\_

## Remarks by Supervisor

\_\_\_\_\_  
\_\_\_\_\_

Recommended \_\_\_\_\_ Not Recommended \_\_\_\_\_

Submitted by    Name \_\_\_\_\_  
                         Designation \_\_\_\_\_  
                         Area \_\_\_\_\_

Checked by      Name \_\_\_\_\_  
                         Designation \_\_\_\_\_  
                         Area \_\_\_\_\_

# Relevance Evaluation

Company\_\_\_\_\_

Business Unit\_\_\_\_\_

Area\_\_\_\_\_

## TRAINING TITLE

Date\_\_\_\_\_ Day \_\_\_\_\_

Venue\_\_\_\_\_

| S. No. | Agenda Item | Objective Relevance      |                          |                          |                          |                          |                          |
|--------|-------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|        |             | P                        | S 1                      | S 2                      | S 3                      | S 4                      | S 5                      |
|        |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|        |             | P                        | S 1                      | S 2                      | S 3                      | S 4                      | S 5                      |
|        |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|        |             | P                        | S 1                      | S 2                      | S 3                      | S 4                      | S 5                      |
|        |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|        |             | P                        | S 1                      | S 2                      | S 3                      | S 4                      | S 5                      |
|        |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|        |             | P                        | S 1                      | S 2                      | S 3                      | S 4                      | S 5                      |
|        |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|        |             | P                        | S 1                      | S 2                      | S 3                      | S 4                      | S 5                      |
|        |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|        |             | P                        | S 1                      | S 2                      | S 3                      | S 4                      | S 5                      |
|        |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|        |             | P                        | S 1                      | S 2                      | S 3                      | S 4                      | S 5                      |
|        |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|        |             | P                        | S 1                      | S 2                      | S 3                      | S 4                      | S 5                      |
|        |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

P: Primary Objective

S 1: Secondary objective No. 1

S 2: Secondary Objective No. 2

S 3: Secondary Objective No. 3

S 4: Secondary Objective No. 4

S 5: Secondary Objective No. 5

Company\_\_\_\_\_

Business Unit\_\_\_\_\_

Contact person\_\_\_\_\_

Cell \_\_\_\_\_ email \_\_\_\_\_

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## Agenda Items

[illegible]

# Minutes of Meeting

Company Name \_\_\_\_\_

Business Unit \_\_\_\_\_

MEETING TITLE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Day \_\_\_\_\_

Venue \_\_\_\_\_

Type of meeting

Review (R) ☐

Plan (P) ☐

R and P ☐

Info ☐

Total participants expected \_\_\_\_\_ Attendance (count) \_\_\_\_\_ Absence (count) \_\_\_\_\_  
(Invitees & Organizers) (for details invitees attended or not attended the meeting, please refer to annexure I and II)

Meeting called by \_\_\_\_\_ conducted by \_\_\_\_\_

Start time \_\_\_\_\_ End time \_\_\_\_\_

Duration \_\_\_\_\_ No. of sessions \_\_\_\_\_ No. of breaks \_\_\_\_\_

Agenda items covered \_\_\_\_\_ Agenda items not covered \_\_\_\_\_

## OPENING REMARKS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_ Designation \_\_\_\_\_ Area \_\_\_\_\_

# Meeting Minutes

## Review (Last Meeting Minutes)

Company\_\_\_\_\_

Business Unit\_\_\_\_\_

Area\_\_\_\_\_

MEETING TITLE

Date\_\_\_\_\_ Day \_\_\_\_\_

Venue\_\_\_\_\_

| S. No. | Conclusion/Action | Feedback/Remarks | Decision                          |   |
|--------|-------------------|------------------|-----------------------------------|---|
|        |                   |                  | <input type="checkbox"/><br>Close | <input type="checkbox"/><br>Carry Forward |
|        |                   |                  | <input type="checkbox"/><br>Close | <input type="checkbox"/><br>Carry Forward |
|        |                   |                  | <input type="checkbox"/><br>Close | <input type="checkbox"/><br>Carry Forward |
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|        |                   |                  | <input type="checkbox"/><br>Close | <input type="checkbox"/><br>Carry Forward |
|        |                   |                  | <input type="checkbox"/><br>Close | <input type="checkbox"/><br>Carry Forward |
|        |                   |                  | <input type="checkbox"/><br>Close | <input type="checkbox"/><br>Carry Forward |
|        |                   |                  | <input type="checkbox"/><br>Close | <input type="checkbox"/><br>Carry Forward |
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|        |                   |                  | <input type="checkbox"/><br>Close | <input type="checkbox"/><br>Carry Forward |
|        |                   |                  | <input type="checkbox"/><br>Close | <input type="checkbox"/><br>Carry Forward |

# Meeting Minutes

## Proceedings

Page No. 08

Company\_\_\_\_\_

Business Unit\_\_\_\_\_

Area\_\_\_\_\_

### MEETING TITLE

Date\_\_\_\_\_ Day \_\_\_\_\_

Venue\_\_\_\_\_

Agenda Item \_\_\_\_\_

Decided Duration \_\_\_\_\_ Actual Duration \_\_\_\_\_

Discussion \_\_\_\_\_

Conclusion \_\_\_\_\_

Agenda Item \_\_\_\_\_

Decided Duration \_\_\_\_\_ Actual Duration \_\_\_\_\_

Discussion \_\_\_\_\_

Conclusion \_\_\_\_\_

Agenda Item \_\_\_\_\_

Decided Duration \_\_\_\_\_ Actual Duration \_\_\_\_\_

Discussion \_\_\_\_\_

Conclusion \_\_\_\_\_



# Post Meeting Action Plan

Page No. 09

MEETING TITLE

Company\_\_\_\_\_

Business Unit\_\_\_\_\_

Area\_\_\_\_\_

Date\_\_\_\_\_ Day \_\_\_\_\_

Venue\_\_\_\_\_

Task \_\_\_\_\_ Assigned to\_\_\_\_\_

Methodology\_\_\_\_\_

Support Required \_\_\_\_\_ Deadline\_\_\_\_\_

Task \_\_\_\_\_ Assigned to\_\_\_\_\_

Methodology\_\_\_\_\_

Support Required \_\_\_\_\_ Deadline \_\_\_\_\_

Task \_\_\_\_\_ Assigned to\_\_\_\_\_

Methodology\_\_\_\_\_

Support Required \_\_\_\_\_ Deadline\_\_\_\_\_

Task \_\_\_\_\_ Assigned to\_\_\_\_\_

Methodology\_\_\_\_\_

Support Required \_\_\_\_\_ Deadline\_\_\_\_\_

Venue\_\_\_\_\_

## List of Attendees

[illegible]

# Meeting Minutes

## (Annexure II)

Page No. 11

Company\_\_\_\_\_

Business Unit\_\_\_\_\_

Area\_\_\_\_\_

### MEETING TITLE

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Date\_\_\_\_\_ Day \_\_\_\_\_

Venue\_\_\_\_\_

### List of Absentees

| S. No. | Name | Designation | Department | Area | Reason of being absent |
|--------|------|-------------|------------|------|------------------------|
|        |      |             |            |      |                        |
|        |      |             |            |      |                        |
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|        |      |             |            |      |                        |
|        |      |             |            |      |                        |

# Meeting Minutes

## Adjournment (Closing)

Page No. 12

Company \_\_\_\_\_

Business Unit \_\_\_\_\_

Area \_\_\_\_\_

### MEETING TITLE

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Date \_\_\_\_\_ Day \_\_\_\_\_

Venue \_\_\_\_\_

### Major Objections

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### Major Recommendations

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### Unanimous Resolution

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### Closing Remarks

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Name \_\_\_\_\_ Designation \_\_\_\_\_ Area \_\_\_\_\_

# Meeting Feedback

A process improvement tool, don't write your name

## MEETING TITLE

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Company \_\_\_\_\_

Business Unit \_\_\_\_\_ Area \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ Day \_\_\_\_\_

Venue \_\_\_\_\_

Please take a couple of minutes at the end of the meeting to complete this form. It helps to improve the quality and effectiveness of meetings and their outcome.

|   | Poor  | Below Average | Average | Good  | No Reply |
|---|-------|---------------|---------|-------|----------|
| 1. Members were notified in advance for meeting date and time.        | _____ | _____         | _____   | _____ | _____    |
| 2. There was a pre-arranged agenda with formal input of participants. | _____ | _____         | _____   | _____ | _____    |
| 3. The meeting room was well arranged.                                | _____ | _____         | _____   | _____ | _____    |
| 4. The meeting started on time.                                       | _____ | _____         | _____   | _____ | _____    |
| 5. Guests were introduced and welcomed.                               | _____ | _____         | _____   | _____ | _____    |
| 6. The objectives of the meeting were made clear.                     | _____ | _____         | _____   | _____ | _____    |
| 7. There was a good linkage with the last meeting.                    | _____ | _____         | _____   | _____ | _____    |
| 8. Each session completed with in pre decided duration                | _____ | _____         | _____   | _____ | _____    |
| 9. One topic was discussed at a time                                  | _____ | _____         | _____   | _____ | _____    |
| 10. Members confined remarks to relevant matters                      | _____ | _____         | _____   | _____ | _____    |
| 11. The chair summarized main points of discussion.                   | _____ | _____         | _____   | _____ | _____    |
| 12. Plans for the next meeting were announced.                        | _____ | _____         | _____   | _____ | _____    |
| 13. The meeting was adjourned with good timing and precise message.   | _____ | _____         | _____   | _____ | _____    |
| 14. Members were encouraged to participate.                           | _____ | _____         | _____   | _____ | _____    |
| 15. Members participated in discussion and decision-making.           | _____ | _____         | _____   | _____ | _____    |
| 16. The chair responded questions positively.                         | _____ | _____         | _____   | _____ | _____    |
| 17. The "Pros" and "Cons" all issues were considered.                 | _____ | _____         | _____   | _____ | _____    |
| 18. Progress was made towards described objectives.                   | _____ | _____         | _____   | _____ | _____    |
| 19. The timing was just right (not too short or too long).            | _____ | _____         | _____   | _____ | _____    |
| 20. Everyone was present on time (organizers present before start)    | _____ | _____         | _____   | _____ | _____    |

## Meeting Arrangement's Critical Path Finder(CPF)

Page No. 14

Company\_\_\_\_\_

Business Unit \_\_\_\_\_

Head of meeting organizer \_\_\_\_\_

Cell \_\_\_\_\_ email \_\_\_\_\_

MEETING TITLE

Date (CPF) \_\_\_\_\_ Meeting date \_\_\_\_\_

Preparation Period \_\_\_\_\_ Total reviews planed till meeting \_\_\_\_\_

| S. No.          | Planned dates of review | Duration (after last review) |
|-----------------|-------------------------|------------------------------|
| 1 <sup>st</sup> |                         |                              |
| 2 <sup>nd</sup> |                         |                              |
| 3 <sup>rd</sup> |                         |                              |
| 4 <sup>th</sup> |                         |                              |
| Final           |                         |                              |

[illegible]

There are four categories each of significance and urgency; these are  $A^+$ ,  $A$ ,  $B$  and  $C$ .

# Meeting Arrangement's CPF Review

Page No. 15

## MEETING TITLE

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Company\_\_\_\_\_

Business Unit\_\_\_\_\_

Area \_\_\_\_\_

Review No.

1st

2nd

3rd

4th

Final

Review Date \_\_\_\_\_ Meeting Date \_\_\_\_\_

Task \_\_\_\_\_ Assigned to\_\_\_\_\_

Review Status\_\_\_\_\_

\_\_\_\_\_

Further Plan\_\_\_\_\_

Task \_\_\_\_\_ Assigned to\_\_\_\_\_

Review Status\_\_\_\_\_

\_\_\_\_\_

Further Plan\_\_\_\_\_

Task \_\_\_\_\_ Assigned to\_\_\_\_\_

Review Status\_\_\_\_\_

\_\_\_\_\_

Further Plan\_\_\_\_\_

Task \_\_\_\_\_ Assigned to\_\_\_\_\_

Review Status\_\_\_\_\_

\_\_\_\_\_

Further Plan\_\_\_\_\_