



Date: 25/02/07

Event Report

School / Functional Department / Club Name	o
Event / Program Title	o
Nature of Event	o
Name of Resource Person(s) and Contact Details	0
Description(200 Words max.) abcd	

From (DD-MM-YYYY)	To (DD-MM-YYYY)	Number of Participants		Expenses Incurred	Revenue Generated
abcd	abcd	Faculty/Staff	Students	abcd	abcd
		abcd	abcd		

Mandatory Annexures :

1. Syna
2. Synaa

Prepared By :

Name : abcd

Designation : abcd

Contact :abcd

Approved By :

Name :

Designation :

Contact :



Geotagged photographs for offline events

Caption:	Caption:
Caption:	
	Caption: