

Event Proposal Form

Tracking No:	(To be filled by Event Coordinator)		Request Date			Proposed Event Date:		
Activity Owner (AO)						Territory ID		
Designation			Region/Department			Employee ID		
Event Title & Topic						Product Name		
Venue Name with Address						Venue Appropriateness	<input type="checkbox"/>	
Institute Name with Code/Area*			Unit			Department/Specialty		
OBJECTIVE OF THE MEETING (Put ✓ in the box or write)	<input type="checkbox"/> Brand Promotion <input type="checkbox"/> Disease Awareness <input type="checkbox"/> Scientific Knowledge Dissemination <input type="checkbox"/> Others:			Event Type (Put ✓ in box or write)		Non-paid Promotional	<input type="checkbox"/>	
						Paid Promotional	<input type="checkbox"/>	
						Non-Paid Medical	<input type="checkbox"/>	
						Paid Medical	<input type="checkbox"/>	
						Others:		
Approved Materials	<input type="checkbox"/> Promotional		<input type="checkbox"/> Non-Branded		Materials Code (write)			
No. of Participants								
Internal			External			Others		
Total								
<u>Details of Participants:</u>								
Event Budget								
Item	Venue Charge	Food	Transport	Projector-Screen	Sound System	Honorarium	Logistics/Others	
Unit								
Unit Cost								
Total								
Net Total								
In Words								

* For the event with multidisciplinary participants, please specify the details of the primary (majority) institution.

EXTERNAL CONSULTANT ENGAGEMENT						1 st Approver Assessment		Official Use Only		
Sl. No.	Name, designation & specialty of the Expert	Doctor ID	Role	Duration (hr.)	Honorarium	Relevant TA/ Topic Expert	Suitable for participants	Consultant form attached	Honorarium Calculation	N th Engagement
01						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
02						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
03						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
04						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
05						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Approvals	Name	Designation	Sign & Date
AO			
FLM			
SLM			
Marketing			
Director, Sales/Franchise Head (as Applicable)			
Medical			

Event type	Cost Limit (Excluding VAT & ASF)	FLM	SLM	Director Sales/ FH (As applicable)	Marketing	Event type	Cost Limit	Marketing	Medical
Non-paid Promotional Event	<15k	Final Approver			Budget approver	Medical Events	All		Budget & Final Approver
Non-paid Promotional Event	15-30k	Initial Approver	Final Approver		Budget approver				
Non-paid Promotional Event	>30k	Initial Approver	2 nd Approver	3 rd Approver	Budget & Final Approver	Special Event (Ad. Board, Mkt Research, DAP, etc.)	All	If branded, budget approver	Branded: Final approver Non-branded: Budget & Final approver
Paid Promotional Event	All	Initial Approver	2 nd Approver	3 rd Approver	Budget & Final Approver				