

Event Proposal Form

Tracking No:	<i>(To be filled by Event Coordinator)</i>		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 <i>(Put ✓ in the box or write)</i>	<input type="checkbox"/> Brand Promotion <input type="checkbox"/> Disease Awareness <input type="checkbox"/> Scientific Knowledge Dissemination <input type="checkbox"/> Others:		Event Type <i>(Put ✓ in box or write)</i>			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 <i>(write)</i>				
No. of Participants							
Internal		External		Others		Total	
Details of Participants:							
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											
03							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
04											
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	Special Event (Ad. Board, Mkt Research, DAP, etc.)	All	If branded, budget approver	Branded: Final approver
Non-paid Promotional Event	>30k	Initial Approver	2 nd Approver	3 rd Approver	Budget & Final Approver				Non-branded: Budget & Final approver
Paid Promotional Event	All	Initial Approver	2 nd Approver	3 rd Approver	Budget & Final Approver				