



GC WOMEN UNIVERSITY SIALKOT

IT Service Center
Tell # 052-9250648 PBAX # 125



Pre Event Form

For News before the event/activity/workshop/seminar

Department: _____

Date of Event: _____

Time of Event: _____

Name of Society Conducting the event/activity/workshop/seminar _____

Guest / Speaker _____

Purpose of the event/activity/workshop/seminar

Instructions for students/faculty (if any)

(Attach broacher/flyer/ any material for advertisement)

Signature with date and time of submission of news _____