FormatB- by coordinator
(submission after programme finished)

Shri.V.S. Naik Arts, Commerce and Science College, Raver

Name of coordinator (नाव):---
Name/Theme of Programme(नाव कार्यक्रमाचे):---
Date of Programme(नाव कार्यक्रमाचे):--

Name of Speaker/Guest: -
1)--- 2) --3) ------------
--------------------------- 4) -----------------------------

No. of student Present: [ ] Male: [ ] Female [ ]

Photographs : Yes / No

Feed back: Yes / No

Name of newspaper: 1) ---------------------------------2) --

Detail Report:

Signature of coordinator