

**UNIVERSITI TUNKU ABDUL RAHMAN**Form Title: **CCS EVENT REPORT FORM**Form Number: **FM-ICS-CCS-ER-001**Rev. No.: **0**Effective Date: **12/4/2017**Page No.: **1 of 2**

<b>Name of Event</b>	
<b>Date</b>	
<b>Time</b>	
<b>Venue</b>	
<b>Speaker</b>	
<b>Organizer</b>	
<b>Co-Organizer</b>	
<b>Person In-Charge &amp; Contact Number :</b>	
<b>Brief Description of the Event:</b>	
<b>Participants' Information:</b>	
UTAR Staff	: Malay : persons <b>Total :</b> persons
	: Chinese : persons
	: Indian : persons
	: Others : persons
UTAR Students	: Malay : persons <b>Total :</b> persons
	: Chinese : persons
	: Indian : persons
	: Others : persons
Community Members / Other	: persons <b>Total :</b> persons

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Universities / Organizations

**Feedback from Participants:**

UTAR Staff

UTAR Students

Community  
Members / Other  
Universities /  
Organizations

Prepared by,

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***Name of Staff Preparing the report******Designation******Date***