

Minutes of Meeting				No:
Project Name:		Building, Mumbai, MS		
Project Number:		XXXXXXXX		
Purpose of meeting		Interdisciplinary coordinaton		
Venue		Office conference room		
Date	DD/MM/YYYY	Time	00:00	00:00
Note: Please sign attendance sheet circulated seperately				
PARTICIPANTS				
SR No	Name	Organization		
1	XYZ	Alternate Angle Architect Pvt Ltd		
2	XYZ	Structural Consultants		
3	XYZ	Electrical Consultant		
4	XYZ	Plumbing Consultant		
5	XYZ	Fire Consultant		
MINUTES OF MEETING (MOM)				
Sr No.	Description	Date	Previous committed date	Action by
1				
2				
3				
4				
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9				
10				
11				
12				
Note: In case of any discrepancy in MOM, please comment within 2 working days of circulation of MOM. Post that the MOM will be deamed as final and binding				
Prepared by:		Name	Signature	