

REQUISITION FORM FOR BOOKING OF THE FOLLOWING (Pl tick)

AUDITORIUM **BOARD ROOM** **LT1** **LT2** **LT3**

1	NAME OF FACULTY/STAFF & DESIGNATION (Will not be booked in the name of student)			
2	Telephone/Mobile no:			
3	Department			
4	DATE		TIME FROM	TIME TO
a	Date:			
b	Date:			
c	Date:			
d	Date:			
e	Date:			
f	Date:			
g	Date:			
5	Refreshment Required (Cafeteria/Tuck-shop)	Yes	No	Details 1. 2.
6	PA System Required	Yes	No	
7	Total Strength (Approx)			
8	Purpose:			
9	Remarks of Administrative Officer	Available/Not Available _____		

Signature of the Requisitioner

Approved/ Not Approved

Signature of HOD

Registrar & Dean of Student

FOR OFFICE USE ONLY

Request received on _____ Time _____

Signature of Administrative Officer

Responsibilities/ Distribution

1. JE Electrical: To instruct the operator for function of PA system and lights.
2. Security Guard for opening / Closing as per order date and time.
3. Head House Keeping for Proper Layout/cleanliness of Auditorium all the time
4. Concerned department.