

## **RESERVATION FORM FOR SEMINAR HALL**

1. Name of the Applicant:						
2. Name of the Faculty/Dept./Unit	t:					
3. Address:						
4. Contact Number:						
5. Name of the programme:						
	(Invitation/pr	ogramm	e details shou	ld be annex	ked)	
6. Date of the programme:						
Time						
7. Duration: Hours						
8. Number of participants:						
9. Expected facilities:						
Air conditioner	yes (	)	No (	)		
Multimedia projector	Yes (			)		
Flip chart Board	Yes (			)		
Audio system	Yes (	)	No (	)		
Smart podium	Yes (	)	No (	)		
I accept the following terms and co	onditions for util	izing the	e seminar hall.			
1. Handle electric switches ar	າd electronic iter	ns carefi	ully.			
3. Avoid handling flammable						
4. Do not distribute food item						
<ol> <li>Ensure disposing of brough</li> <li>Keep the volume of sound</li> </ol>	-					
7. After the event is over, ens						
8. Do not disturb the existing						
			•••••			
Date		Signat	Signature of the applicant			
I recommend/do not recommend	reservation of se	eminar h	all			
Date			Signatu	ire of the H	ead of Dept.	
I approve/do not approve the abo	ve reservation of	f semina	r hall.			
 Data			·····	uro of Doo		
Date			Signat	Signature of Dean/Arts		