



Requisition Form for Auditorium

1. Name:.....
2. Department/Office:.....
3. Designation:.....
4. Event Name:
5. Date of Program:.....
6. Organized By:
7. Auditorium Open Time:.....
8. Auditorium Close Time:.....
9. Contact No.:.....
10. E-mail ID:

Undertaking

I understand that the auditorium facility is to be used for academic/official work only. I undertake that I will use this facility only for academic/official work and that I will not allow any outsider to the auditorium without prior permission from the Competent Authority. I will also take responsibility of the audio/video devices available in the Auditorium.

Signature of I/c

Auditorium I/c

Admin Officer

Signature of Director



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