



Requisition Form

| | | | |
|-----------------------------|--|---|---|
| LHC | Lecture Halls | Ground Floor (G05/G06/107) <input type="checkbox"/> | Private Lounge <input type="checkbox"/> |
| | | First Floor <input type="checkbox"/> | Atrium <input type="checkbox"/> |
| Teaching & Research Complex | Ground Floor Auditorium <input type="checkbox"/> | | |
| Auditorium | | | |

Name of the Indenter: _____

Contact no.: _____

Email: _____

Designation with Department /Office: _____

Event details: _____

Organized by: _____

Date & time of program: _____

(from & to)

Venue details: _____

(if any)

* Private Lounge is for private meetings only.

** Permission should be obtained for lunch/dinner for a large gathering in case of Atrium reservation.

Date:

Signature of the Indenter

Recommended by,

Approved by,

.....
(HoS/HoD/Dean/Registrar/Dy. Registrar/FIC)

.....
(Director/Dy. Director)

(For Office use)

Confirmation Status:

Remarks (if any):

(Signature of Official)