



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

Signature of HOD

Admin Officer

Signature of Director



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