

Application form for the Reservation of the Board Room & Auditorium

Name of the requesting officer :

Designation :

Department/ Division/ Unit :

Meeting/ Function Title :

Venue :- (Put “√” against the venue needed)

<input type="checkbox"/>	Main Board Room
<input type="checkbox"/>	New Board Room
<input type="checkbox"/>	Board Room 3
<input type="checkbox"/>	Auditorium
<input type="checkbox"/>	NCAS Board Room

Number of Participants

Date & Time:-

	Date	Time	
		From	To
1			
2			
3			

Other facilities needed (Put “√” against the item facilities needed)

Multimedia Project	<input type="checkbox"/>	Video Conferencing	<input type="checkbox"/>	Sounds	<input type="checkbox"/>
Laptop	<input type="checkbox"/>	Photo Coverage	<input type="checkbox"/>	Zoom facility	<input type="checkbox"/>

Note: Cancellation of reserved meeting should be informed to the Reception counter.

Signature of Requesting Officer:

Date:

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Approval by Head General Administration