



Ref. HNBGU// 2023-24/

Date : /12 /2023

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Form to be filled for allotment of Senate/ ACL HALL Srinagar Campus.

Date of Requisition: - _____

Department/Organised by: - _____ Email: - _____

Title of the Programme/Event :- _____

Type of Event: - CME/Conference/Workshop/Cultural/Literary & Scientific/Award Ceremony/other

If other, then please specify: - _____

Date of Event: - From _____ to _____

Time of Event: - From _____ to _____

Number of Participants: - _____ (Approx)

Name of Programme /Event Co- Ordinator :- _____ Mob No. _____

Remarks:- _____

Note :- If rehearsal or preparation time required before event then kindly mention it clearly in the remarks section.

Declaration

I hereby take the whole sole responsibility of the event to be organized in the hall . It is my responsibility to maintain the decorum of the hall during the event and in case of any damage to the assets, I will be fully liable for damage cost assessed by the University .

Date _____

Signature
Co-Ordinator (Faculty)/
Organizing Secretary/Faculty in Charge
of the event with Seal of designation

For Office Use Only

Incharge
Senate / ACL Hall
(Birla Campus)

(Nodal Officer)
D.S.W, H.N.B.G.U