

Auditorium / Seminar Room Reservation Performa

1. **Nature of Activity** (Tick Relevant Box): Conference ☐ Workshop ☐ Seminar ☐ Lecture ☐ Sports ☐ Any Other : _____

2. **Title of the Program:** _____ **Proposed Venue:** _____

3. Date: _____ Time: **From** _____ (A.M. /P.M.) **To** _____ (A.M. /P.M.) No. of Day(s): _____ No. of Session(s): _____

4. **Faculty:** _____ **Department :** _____

5. **Chief Guest/ Guest(s) Details** (Use additional sheet, if number of guests is more than five):

Serial No.	Chief Guest/ Guest(s) Name	Designation/Status/Profile	Internal / External	Contact No.	E-mail Address
01					
02					
03					
04					
05					

6. UNDERTAKING

I do hereby undertake that I do not damage the walls of Auditorium / Seminar room through nails, tape, charts & Paper etc.

Chief-organizer's Name: _____ Faculty/Department: _____

Registration no. (**Only for Students**): _____ Contact No: _____

Faculty Member/Supervisor of Activity: _____ Contact No: _____ Signature of the Supervisor: _____

- *** Note: a).** Permanent Faculty Member must be nominated as a supervisor of the event by the concerned Dean/HOD.
- **b).** This Performa must be forwarded/ initiated officially through the concerned Dean/HOD office; by-hand Performa from any student will not be entertained.

7. **Approval/Recommendation of Chairperson of Faculty/Department: (Signature & Stamp):** _____ **Date:** _____

8. **Approval/Recommendation of Students' Adviser (Signature & Stamp):** _____ **Date:** _____