

Venue Approval Form

(For the Academic Activities (Indoor & Out Door))

Event: _____ Venue : _____

Date: _____ Time From: _____ To _____ Expected No. Of participants: _____

Name of the Guest(if any): _____
(E.g : Guest/Panel Speakers; Forum Speakers ; Seminars ; committee & All Meeting etc.)

Audio Visual Request :

Multimedia Projector and Sound System

Requested by : _____

Program _____

Contact No: _____

PM _____

HOD: _____

*The person responsible must ensure that the Multimedia Projector is left in the same working Condition as received.

Refreshment Request :

No. of participants: _____

No Food will be served or used in the auditorium.

Transport Request :

Place to visit : _____

No. of Persons: _____ Type of Transport required: _____

Any other special arrangement: (Please Specify)

Secretary AC Heads

(Sign and Date)

Student Advisor

(Sign and Date)

ASO Department

EDC Department

Admin Department

Head of Campus

Note:-

- Complete Form in all respect duly signed from all concerned departments should be submitted to Admin Department at least **02 Weeks** in advance.
- Official Tea (Tea, Biscuits), One Standee (2ft x5ft).