



AUDITORIUM

e-mail : auditorium@aiimspatna.org

Form to be filled for allotment of Auditorium

Date of Requisition :- _____

Department/ Organised by :- _____ e-mail :- _____

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 organised in the auditorium. It is my responsibility to maintain the decorum of the auditorium during the event and in case of any damage to the assets, the caution money deposited against the booking may get forfeited.

Signature
Co-ordinator (Faculty)/
Organising Secretary/Faculty in charge
of the event with Seal of designation

For Office Use only

Receiving Ref. AIIMS/PAT/ AUD/202 /

Contact for any query :- 9971647118/ 9097700548

(Mr. Shailendra Kr. Giri)