

KAUTILYA INSTITUTE OF TECHNOLOGY AND ENGINEERING

AUDITORIUM BOOKING FORM

FORM NO.:-

DATE:-

1) NAME OF THE EVENT:-

2) FACULTY COORDINATOR:-

a) NAME :

b) BRANCH:

c) MOBILE NO. :

3) STUDENT COORDINATOR:-

a) NAME :

b) YEAR & BRANCH:

c) MOBILE NO. :

4) SCHEDULE AND NAME OF PROGRAMME:-

DATE	STARTING TIME AM/PM	ENDING TIME AM/PM

5) AUDIENCE:-

CATEGORY	VIP	STUDENTS	PROFESSIONALS	OTHERS
NUMBER				

SIGNATURE OF HOD

SIGNATURE OF INCHARGE

PERMISSION – SLIP

With reference to your request dated your institution / Department / Section are hereby permitted to use the "AUDITORIUM " to conduct events on the Scheduled Date & Time in Compliance with the prevailing rules & regulations of the College. After completion of the event, the concerned Department is expected to complete the "Report of Event "on the same Day.

Date:

Signature of the Approving Authority