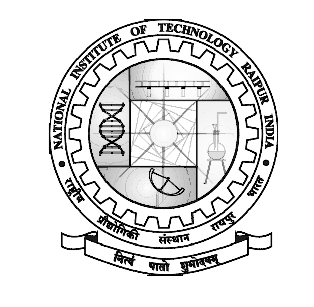
**NATIONAL INSTITUTE OF TECHNOLOGY RAIPUR**

**DEPARTMENT OF ARCHITECTURE**

**FORM FOR AUDITORIUM BOOKING IN DEPT. OF ARCHITECTURE**

**TO BE FILLED BY APPLICANT**

Name of Department................................................................

Purpose/Details for Auditorium booking....................................................................

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....................................................................................................................................

Dates from.....................................................to.........................................................

Time from......................................................to.........................................................

Name of faculty In-charge for the booking with contact no. .....................................................................................................................................responsible for the program.

(Signature of faculty in-charge)

Forwarded & Recommended

(Head of the Department)

**Note:**

1. The auditorium may be provided only during college hours from 9:15 AM to 5:15 PM.

2. The keys should be taken and returned back to the auditorium in-charge after completion of program.

3. The faculty in-charge will be responsible for safe keeping of the various equipments in auditorium like

microphones/projector/computer system etc.

4. No damage should be done in name of decoration.

5. The auditorium should be kept in proper order before handing over the keys to the auditorium in-charge or undersigned.

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Remarks (if any) from i/c Auditorium of Department of Architecture.......................

.....................................................................................................................................

Signature

i/c Auditorium

Remarks:

Approved /Not Approved

Prof. & Head

Department of Architecture

AFTER COMPLETION OF PROGRAM

1. All things are in order.

2. The following are found not in order......................................................................

.....................................................................................................................................

Signature

I/c Auditorium