MAHARAJA AGARSEN COLLEGE
UNIVERSITY OF DELHI
Vasundhara Enclave Delhi-96

Booking / Requisition Form for the ICT LAB / Conference hall /Auditorium

Date:_____

Dear Sir,

Kindly allot the ICT LAB/Conference Hall/Auditorium as detailed below:

Purpose: _____

_____

_____

Date	ICT LAB(s)/ conference hall/Auditorium	Time / Duration		Expected of No. of students	Any other requirement
		From	**To**		

Name : _____

Designation : _____

Department : _____

E-mail Address : _____

Phone No. : _____

Signature of the TIC

Date:

Office Use Only

In charges
(ICT/Conference HALL/Auditorium)   **Admin Office**