|  |  |
| --- | --- |
|  | **FACILITY REQUEST FORM** |
|  |
| **Name** | **:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Department** | **:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Event** | **:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Event Date** | **:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |
| **SECTION A : VENUE ARRANGEMENT** |
|  |
| **No.** | **Arrangement Description** | **Time Required (From / To)** | **Room** | **Wing & Floor** | **Remarks** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
|  |
| **ROOM CAPACITY** | **:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **NO. OF PARTICIPANTS** | **:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **ADDITIONAL FITTINGS** *(for Exam Personal Use Only)* | : | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **\*Notes : Additional fittings for activities should not be taken from classrooms.** |
|  |
| **SECTION B : EXTENSION FOR AIR CONDITIONING** |
|  |
| **No.** | **Description of Work Required** | **Time Required (From / To)** | **Room** | **Wing & Floor** | **Remarks** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
|  |
| **SECTION C : PRINTING OF STUDENT ACCESS CARD / TEMPORARY VISITOR ACCESS CARD REQUEST** |
|  |
| **No.** | **Description of Work Required** | **Date Required** | **Remarks** |
| 1 |  |  |  |  |  |
|  |
| **SECTION D : GENERAL / OTHER REQUEST / HIRARC REFERENCE NO.** |
|  |
| **No.** | **Description of Work Required** | **Date** | **Time** | **Venue** | **Remarks** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
|  |
|  | **Submitted by** | **Approved by (HOD)** | **Received by Exam / SSC for Space Booking Confirmation** | **Received by CS for Set-up Arrangement** | **Received by PROCUREMENT for PO** |
| **Signature :** |  |  |  |  |  |
| **Name :** |  |  |  |  |  |
| **Date :** |  |  |  |  |  |