Requisition Slip for Auditorium

1. Name of the Department/ Institute/ Society/ Club organizing the event: __________

2. Title/ Purpose of the event: __________________________________________________________________________

3. Date of Requisition From ____________ To ____________
   Timing of Requisition From ____________ To ____________

4. Faculty/ officer (Focal Person) responsible for maintaining cleanliness, safety of auditorium items/ IT appliances and discipline during the event:
   Name _____________ Signature _____________ Cell # _______________________

5. Students responsible for maintaining cleanliness, safety of auditorium items/ IT appliances and discipline during the event (To be nominated by the officer at Sr. # 4)
   Name _____________ Signature _____________ Cell # _______________________
   Name _____________ Signature _____________ Cell # _______________________

6. Recommended By:
   Director/ Chairman/ Officer Incharge: __________________________________________
   Senior Tutor: ______________________________________________________________
   Dean: ________________________________________________________________

7. Approved by Registrar (UVAS): __________________________________________

Incharge Auditorium