PANJAB UNIVERSITY CHANDIGARH

	ioned Name of The Auditorium:		
	NDIGARH.	, it inwite cityeksiii	
1.	Name of applicant/ Department	:	
	Address:	:	
	Mobile No. and E-mail address	:	
2	G.S.T No. (if available)		
2.	Name of Deptt./ Institute in which employed / studying	:	
3.	Name of the Dignitaries / Chief Guests to be invited:	:	
4.	Date/s for which Auditorium is required:	÷	
5.	Starting & Closing time of event/ programme	:	
6.	Whether participants belonging to P.U. or outside the Campus	:	
7.	Name of the sponsoring organization to the Event/	:	
	programme		
8.	Whether booking of Auditorium is free of cost or on	:	
	approved charges of the University		
9.	Whether the approval of the Vice-Chancellor has been	:	
	sought for this event/ programme		
10.	Whether event is official / academic/ sports/ cultural or	:	
	any other activity		
11.	Advance rent paid amount:	Rs.:	
	(Original receipt attached)	Receipt No. : Dated :	
<u>Unde</u>	rtaking: I undertake that I am bonafide employee / student of the		
info	rmation is correct.		
	(i) Any damage to the University Law Auditorium or any	other property will be recovered from the	
	undersigned / concerned organization.		
	(ii) I undertake that the Auditorium shall be vacated as men	ationed in Column No.4 above.	
	(iii) I shall clear all the dues, if any, before handing over the charge of Auditorium.		
		Signature of the applicant Mobile No E-mail: Address:	
	me of the Department /Organization		
(Si	commending the event/programme gnatures with date & Stamp) uportant note:-		
Ki	indly fill all the particulars/ columns. Incomplete form will a FOR OFFICE	USE	
	w Auditorium may be booked from to	in the name of above mentioned	
apı	plicant.	Dealing Official	
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