

Member of Association of Indian Universities & Approved by UGC (Govt. of India) under 2(f) & 12(B)

**REQUISITION FORM FOR PHOTOGRAPHER** 

## We are organizing program with following details:

| Organizing Department & Faculty : |              |  |  |
|-----------------------------------|--------------|--|--|
| Coordinator Name :                | Mobile No. : |  |  |
| Program Name :                    |              |  |  |
| Venue:                            |              |  |  |
| Starting Date :                   | End Date :   |  |  |
| Starting Time :                   | End Time :   |  |  |
| Outside VIP Guest Name            | Designation  |  |  |
| 1.                                |              |  |  |
| 2.                                |              |  |  |
| 3.                                |              |  |  |

| If Videographer is required,<br>Justification thereof |  |
|---|--|
|---|--|

| Signature of | Signature of | Signature of          |
|--------------|--------------|-----------------------|
| Coordinator  | HOD / Dean   | Dean, Student Welfare |
|              |              |                       |

#### FOR USE OF PHOTOGRAPHER

| Noted in Diary (Comment if Any) |  |
|---------------------------------|--|
| Remark/Approval by Authority    |  |



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# REQUISITION FOR ON CAMPUS MEAL

We are organizing program with following details:

| Organizing Department & Faculty: |               |       |             |            |        |  |
|----------------------------------|---------------|-------|-------------|------------|--------|--|
| Coordinator Name:                |               |       | Mobile No.: |            |        |  |
| Program name:                    |               |       |             |            |        |  |
| Venue:                           |               |       |             |            |        |  |
| Starting Date:                   | tarting Date: |       |             | End Date:  |        |  |
| No. of Days:                     |               |       |             |            |        |  |
| Туре                             | Breakfast     | Lunch | R           | efreshment | Dinner |  |
| No. of Persons                   |               |       |             |            |        |  |
|                                  |               |       |             |            |        |  |

### Food Type:

A) Regular Mess Food B) A + Extra Sweet + Salad + Papad

C) Any Other Item:

Signature of Coordinator/HoD

Signature of Dean

Signature of Dean, Student Welfare

### For Use of Mess In-Charge

| Noted in Diary (Comment if Any) |  |
|---------------------------------|--|
| Remark/Approval by Authority    |  |

Signature of Mess In-charge with Date

Signature of Dean, Student Welfare with Date

Note:

1) Booking of Breakfast/ Lunch/ Refreshment/ Dinner shall be communicated to the concerned authorities at least 3 days prior to the date of event.

All such bookings will be entertained only by filling up E-21(B).

2) Category of Breakfast/Lunch/Refreshment/Dinner shall be specified.