

THAPAR UNIVERSITY, PATIALA

Date:

REQUISITION FORM FOR BOOKING OF THE FOLLOWING (PI tick)

AUDITORIUM C- HALL TAN AUDITORIUM T 105 T 106

1	NAME OF FACULTY/STAFF& DESIGNATION (Will not be booked in the name of student)			
2	Telephone/Mobile no			
3	Department/School/Section/Centre/Unit/Society			
4	DATE	TIME FROM	TIME TO	
a	Date:			
b	Date:			
c	Date:			
d	Date:			
e	Date:			
f	Date:			
g	Date:			
5	Air Conditioning Required	Yes	No	
6	PA System Required	Yes	No	
7	Total Strength (Approx)			
8	Purpose:			
9	Remarks of Administrative Officer	Available/ Not Available_____		

Signature of the Requisitioner

Signature of the HOD

Signature of DoAA/DoSA*

* for Auditorium

FOR OFFICE USE ONLY

Request received on _____ Time _____

Fee paid by Receipt No _____ dated: _____ Amount: _____

Signature of Administrative Officer, TU

Responsibilities/Distribution

1. JE (Electrical): To instruct the operator for Proper function of AC/PA System.
2. Security Guard Main Hall for opening /Closing as per order date and time.
3. Head House Keeping for Proper Layout/cleanliness of Auditorium all the time and one sweeper is available all the time.
4. Concerned department.