REQUEST FOR VIDEO CONFERENCING REQUEST FORM

TO: HEAD, CITM

A. REQUESTOR CONTACT INFORMATION

Initiated by Name: ___________________________ Signature with Date: ______________

Department/ School/Centre/Section/Unit: ____________________________________________

Designation: ___________________________ Mobile Number: __________________________

Official Email Id, ____________________________

B. EVENT INFORMATION

Event Name: ____________________________ Event Date: ____________________________

Begin Time (HH/MM): ______ AM/PM End Time (HH/MM): ______ AM/PM

How Many Attendees ______ How Many Presenters ______

(Note: Kindly inform us 2 days before the Event.)

C. VIDEO CONFERENCING INFORMATION (Required):

FAR-END Contact Name: ___________________________________________________________

Department: ___________________________ Mobile Number: __________________________

Official Email Id: ____________________________

IP Address: ___________________________________________________________________

Forwarded and Recommended to HCITM

SIGNATURE OF HEAD
(Head of Department School/Centre/Section/Unit)

To be filled by CITM Received on dated: _____________

Sr. No. _______ Job assigned to:

(System Analyst) (HCITM)