

Thapar Institute of Engineering & Technology*(Deemed to be University)**Centre of Information & Technology Management***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
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How Many Attendees		How Many Presenters	
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*(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)

Note:

1. Please submit this form through THAPAR Online Support System <https://eticket.thapar.edu>
2. Now, Open an eTicket under the help topic of "Video Conferencing Support".
3. No need to submit hard copy of this form in CITM.