

**Thapar Institute of Engineering & Technology***(Deemed to be University)**Centre of Information & Technology Management*
 THAPAR INSTITUTE  
 OF ENGINEERING & TECHNOLOGY  
 (Deemed to be University)

**REQUEST FOR VIDEO CONFERENCING REQUEST FORM**


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**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)**

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To be filled by CITM

Received on dated: \_\_\_\_\_

Sr. No. \_\_\_\_\_ Job assigned to:

(System Analyst)

(HCITM)