

Annexure III – ICTS Requisition Form

Date: ___ / ___ / ___

Event Date	:		Start Time	:		End Time	:	
Name of the Venue	:					IQAC No.	:	

Event Organizer Details	:	Name	:	
		Department	:	
		Mobile Number	:	

ICTS Requirements	
Desktop / Laptop	: Required / Not Required
Internet Facility	<input type="checkbox"/> LAN
	<input type="checkbox"/> WIFI
	<input type="checkbox"/> Both
Expected Internet Users (if applicable)	

<input type="checkbox"/>	Chief Guest AV	<input type="checkbox"/>	Stage Streaming Video	<input type="checkbox"/>	Stage LED Back Drop	<input type="checkbox"/>	Projector / TV
<input type="checkbox"/>	Live Streaming	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

Special Request required, if any:

Event Organizer

Signature of Section Head /
HOD / Dean

Approved by