

## Annexure I - Venue Requisition Form

Date: \_\_ / \_\_ / \_\_

Event Date	:		:	
No. of Venues Required:		IQAC Number	:	

<b>Event Organizer Details</b>	:	Name	:	
		Department	:	
		Mobile Number	:	

### Expected Participants:

Venue Requirements								
<input type="checkbox"/>	Classroom	___ Nos	<input type="checkbox"/>	Ignite Board Room	___ Nos	<input type="checkbox"/>	Auditorium I Floor	___ Nos
<input type="checkbox"/>	Lab	___ Nos	<input type="checkbox"/>	Ignite Seminar Hall	___ Nos	<input type="checkbox"/>	Auditorium II Floor	___ Nos
<input type="checkbox"/>	Main Board Room	___ Nos	<input type="checkbox"/>	GF07	___ Nos	<input type="checkbox"/>	Vista Hall	___ Nos
<input type="checkbox"/>	IQAC Board Room	___ Nos	<input type="checkbox"/>	Placement Board Room	___ Nos	<input type="checkbox"/>	Collab Space	___ Nos
<input type="checkbox"/>	Synapse Studio	___ Nos	<input type="checkbox"/>	IT Centre	___ Nos	<input type="checkbox"/>	Code Studio	___ Nos

Hall Requirements								
<input type="checkbox"/>	Guest Chair	___ Nos	<input type="checkbox"/>	Dias Table	___ Nos	<input type="checkbox"/>	Audience Chair	___ Nos
<input type="checkbox"/>	Water Bottles	___ Nos	<input type="checkbox"/>	Bouquet	___ Nos	<input type="checkbox"/>	Name Boards on Dias	___ Nos
<input type="checkbox"/>	Gifts	___ Nos	<input type="checkbox"/>	Trophy	___ Nos	<input type="checkbox"/>	Chocolates / Nuts	___ Nos
<input type="checkbox"/>	Notepad	___ Nos	<input type="checkbox"/>	Pen	___ Nos	<input type="checkbox"/>	Helpdesk	___ Nos

\* Please put tick, wherever required

Special Request required, if any:

**Event Organizer**

**Signature of Section Head /  
HOD / Dean**

**Approved by**