MEETING / CLASS/PRACTICE

Name of the Meeting / Class/Practice	**Organized by:**
DD/MM/YY From: to Time Duration: From: to	Coordinator (Name & Cell No)
Indoor: ☐ ⇦ Put a Tick	***Outdoor***: ☐ ⇦ Put a Tick
Indoor: Class Room: Conference Hall: Auditorium: Banquet Hall: SAC Conference Hall(Camp-13):	***Outdoor***: Open Air Theater(s) Rugby Ground(campus-13)
Requirements:	

Signature of Coordinator **Signature of the Asst.Manager SAC**

Signature of Director, Student Services **Signature of D.O./Dy.Registrar(GA)/DDO**

Date: