

Auditorium Usage Request Form

(For the Academic / SZABIST Official Activities Only)

Event _____

Date _____ Time: From _____ to _____ Expected No. of participants: _____

Name of the Guest (if any): _____
(Eg: Seminars; Committee & All Meeting etc.)

Audio Visual request:

- Multimedia projector Person Responsible * _____
- Slide projector
- TV / VCR
- PC
- Other: Specify _____

**The person responsible must ensure that the Multimedia projector is left in the same working condition as received.*

Refreshment request:

No. of participants _____

Items _____

Time needed _____

No food will be served or used in the auditorium.

Any other special arrangement: (please specify)

HoD/ PM/ Faculty
Signature & Date

Sr. Controller Examination
Signature & Date

IT Dept
Signature & Date

Senior Administrative Manager
Signature & Date

Note:

- **Please make your request at least 48 hours in advance to the Administrative Office.**
- **The concerned HoD/ PM/Faculty shall be responsible to supervise the respective activity.**
- **Late Night (after 9:00pm) Usage of the Auditorium will not be permitted unless supervised by the relevant PM/faculty.**