

REQUISITION FORM
Audio Visual Cell
Central Workshop & Instruments Service Section
IIT Kharagpur

User Name with Cell No. :

User Designation with EC No. / Roll No. :

Users' Deptt./Centre/Society :

Programme Details :

Venue :

Equipments Required :

Date of Programme :

Time Duration of the Programme : From.....To.....

Take over & Hand over Personnel :

1) Name :

2) Desig. :

3) E. Code :

Any other Requirements / Remarks :

To be submitted to : Chairman, A V Cell, O/o CWISS or O/o A V Cell at Vikramshilla (VI Control Room) at least 24 Hrs. before commencement of the Programme.

Users' Signature with Date

(Signature & Seal of HOD/HOC of the User)

Remarks :

Chairman, Audio Visual Cell, CWISS, IIT Kharagpur