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**Form for Room Booking**

Date:

1. Name of the Student :
2. Roll No. :
3. Department :
4. Required Room :
5. Date(s) & Time for Booking :
6. Purpose :
7. Faculty Incharge Name : Prakhar Gupta

**Declaration: -**

1. The allocated room will be returned as previous condition
2. The keys will be collected from security by producing id card.
3. The responsibility taken by me for any damages.
4. Faculty incharge recommendation is mandatory for the Room Booking.

Student Name:

Student Signature:

**Faculty Incharge Signature:**