# KALASALINGAM ACADEMY OF RESEARCH AND EDUCATION

(Deemed to be University Under Sec.3 of UGC Act 1956) Anand Nagar, Krishnankoil 626 126

EVENT HALL ALLOTMENT FORM

Date:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Applicant Name & Contact Number** |  | | | | |
| **Designation** |  | | | | |
| **Department / Institution** |  | | | | |
| **Required Hall** |  | **K. S. Krishnan Auditorium** | | | |
|  | **Dr. V. Vasudevan Seminar Hall** | | | |
|  | **Admin Block Seminar Hall** | | | |
|  | **Srinivasa Ramanujam Block Seminar Hall** | | | |
|  | **Dr. A. P. J. Abdul Kalam Block Seminar Hall** | | | |
|  | **Dr. S. Radha Krishnan Senate Hall** | | | |
| **Organizing Departme nt / Institution** |  | | | | |
| **Purpose of the Hall** |  | | | | |
| **Seating Capacity Required** |  | | | | |
| **Facilities Required** | **Reception Items** | | **Audio** | | **Powe r Backup** |
| **No. of Day(s) & Date(s)** |  | | | | |
| **Event Time** | **From :** | | | **To :** | |
| **Signature of the Applicant** | **Head of the Department / Institution** | | | | |
| **Permitted / Not Permitted**  **REGISTRAR** | | | | | |
| **Note:**  **Booking Numbe r :** | | | | | |

# Note:

1. *Event form as approved by VC should be enclosed for booking of hall*
2. *Cancellation of any event should be communicated at the earliest.*