

**BIRLA INSTITUTE OF TECHNOLOGY AND SCIENCE, PILANI**

**AUGS-AGSR DIVISION**

Requisition form for approval of classroom(s) booking

Date: \_\_\_\_\_

User ID: \_\_\_\_\_

User Name: \_\_\_\_\_

Contact no: \_\_\_\_\_

(Write the name of your department/club/assoc. and your designation)

**Booking Details**

<b>S.No.</b>	<b>Room</b>	<b>LCD (Y/N)</b>	<b>Date</b>	<b>Time</b>

Purpose \_\_\_\_\_

Forwarded by Chief Warden/Prof In charge/HOD

Signature:.....Date.....

Forwarded by (Only for LCD) Audio Visual & Communication facilities

Signature:.....Date.....

For Office use: Approval/Rejected

Signature:.....Date.....

Note:

1. For availing LCD facilities contact Audio Visual and communication facilities lab at 2117.
2. Improper use of the Room may lead to cancellation of further booking for current semester.
3. Take care of the Biometric instruments. In case of any damage to the device, the student/club will be held responsible.