

**EDUCATIONAL TECHNOLOGY SERVICES CENTRE
BOOKING FORM FOR ETSC SERVICES**

TO BE FILLED BY THE FACULTY REQUESTING FOR THE JOB

(The request should be sent at least 1 week before the job)

Name _____

Dept./Centre/Unit _____

Contact No. Phone _____ Mobile _____

Program Date(s) _____ Time _____

Purpose Institute Activity * Project Activity * Others *

Details (Please specify the services required from ETSC) _____

Signature of Faculty

Through,

Head of the concerned Department/Centre/Unit

Date:

** Charges to be paid for Project related activities or other institute activities in non-office hours as per norms.*

Filled up form may be sent to Head ETSC

FOR ETSC USE ONLY

Equipment setup/preparation Date / Time _____

Total time taken for the actual conferencing: _____

Name(s) of ETSC staff on duty

S.No.	NAME	Emp. Code
1		
2		
3		
4		
5		

Remarks: _____

Signature Head, ETSC