



INDIAN INSTITUTE OF TECHNOLOGY DELHI

ROOM BOOKING form* for Recording Courses in LHC and LTs

(Contact: Room booking, ETSC Office Ph: 011-26591339)

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|--|-----------|----|------|
| Name of the Faculty, (Emp. Code, Email, contact No.) | | | |
| Course Name | | | |
| Course Code | | | |
| Venue | | | |
| Course dates and timings (7AM to 9PM only) | Day | To | From |
| | Monday | | |
| | Tuesday | | |
| | Wednesday | | |
| | Thursday | | |
| | Friday | | |
| Signature of Faculty with comments | | | |
| Signature of HOD with comments | | | |

***The form needs to be submitted in person to the ETSC office at least 3 days prior to the commencement of Course.** Please follow up on mail or phone for the booking confirmation, mere submitting the form doesn't confirm the booking.

Contact: sunaina@etsc.iitd.ac.in, Phone: 011-26591339