

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

TO BE FILLED BY THE FACULTY REQUESTING FOR THE SERVICE

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

Name _____

Dept./Centre/Unit _____

Contact No. Phone (O) _____ Mobile _____

Program Date(s) _____ Time _____

Purpose: Institute Activity * Project Activity * Others *

Number of Mics required for the event : Video recording facility required :

Details (please specify the services required from ETSC) _____

Estimated amount**: _____

Source of funds: _____

Signature of the faculty member

Venue :

Through,

Head of the concerned Department/Centre/Unit

Date:

*Charges may need to be paid (as per norms) **This is only for cases where there is a charge. It is assumed that the requester has an approval to use the funds for this purpose and will initiate the fund transfer within 6 weeks.

FOR ETSC USE ONLY

Equipment setup/preparation date/time: _____

Total time taken for the actual activity: _____

Name(s) of ETSC staff on duty

S.No.	Name	Emp.Code

Remarks: _____

Signature of Head, ETSC