

**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 \*

Details (please specify the services required from ETSC) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated amount\*\*: \_\_\_\_\_ Source of funds: \_\_\_\_\_

Signature of the faculty member

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