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

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Name</th>
<th>Emp.Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Remarks: _______________________________________________________________

Signature of Head, ETSC