

HIMACHAL PRADESH UNIVERSITY
O/O DEAN STUDENTS' WELFARE

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REQUISITION FORM FOR THE BOOKING OF UNIVERSITY AUDITORIUM/SCIENCE HALL
(See Instructions/Guidelines Overleaf)

Please book the University Auditorium/Science-Hall (tick \checkmark) in favour of _____

Designation _____ Deptt./Address _____

1. Date on which Auditorium/Science-Hall is required: _____

2. Purpose: (Please specify clearly) _____

3. Timing for the booking: _____

4. Date on which application is submitted: _____

5. Payment of Auditorium/Science Hall Usage Charges (As per guidelines/norms overleaf)

Fee amounting to Rs. _____ remitted vide receipt No. _____ (Copy enclosed)
dated _____ in the University main Account No. 10091435340

Signature of the applicant

Recommendations of the Chairperson/Director
(In case of HPU students with seal)

Name, Department and Address :

Contact No.: _____

Approval of the Dean Students' Welfare
(In case of Science Hall)

Approval of the Hon'ble Vice-Chancellor
(In case of University Auditorium)

P.T.O.

UNDERTAKING

It is declared hereby that we will organise the programme/function with peaceful manner and maintain the discipline during the programme and will not perform any such activity during the programme by which the dignity of the University is tarnished and the programme/function will be organised for which the booking has been requested. Further, I own the responsibility of the safety and damages/misplacement of the University property installed in the Auditorium/Sc-Hall and ensure the cleanliness of the Auditorium/Sc-Hall after the completion of the programme/function. Besides this, celebration/function/procession will be conducted in a peaceful manner and I assure you that any drugs/liquor and non-permissible substances will not be consumed during the programme/function/celebration. In case of violation of any of the above provisions it will be our responsibility and we will be accountable.

Disciplinary Committee Members

(1)	(2)	(3)
Signature:	Signature:	Signature:
Name:	Name:	Name:
Class/Roll No.	Class/Roll No.	Class/Roll No.
Deptt.	Deptt.	Deptt.
Mob. No.	Mob. No.	Mob. No.
E-mail ID:	E-mail ID:	E-mail ID:
Dated:	Dated:	Dated:

Teacher Incharge:

Name:

Contact No:

Signature: