



NATIONAL INSTITUTE OF SCIENCE EDUCATION AND RESEARCH BHUBANESWAR

FORM FOR BOOKING OF LECTURE HALL(S)

(ONLY FOR STUDENTS)

Dear Sir/Madam,

*I / We _____ want to book Lecture Hall(s) _____

on behalf of _____ from (Date) __ / __ / 20__

to __ / __ / 20__, (Time) __ : __ AM/PM to __ : __ AM/PM.

• Purpose: _____

• Name of Student Representative(s) responsible for any loss/damage caused to the facility:

Sl #	Name	Mobile #	eMail-ID

Signature:

Date: __ / __ / 20__

Forwarded & Recommended

Dean/FIC / Dean(SA) / Faculty Member

Dealing Assistant (Academics)

Approved / Not Approved

APO (Academics)

****Please note that in eventuality of clash in schedule, priority would be given to seminar/ colloquium/ class.***