



NATIONAL INSTITUTE OF TECHNOLOGY RAIPUR

Career Development Centre (CDC)

FORM FOR BOOKING OF FACILITIES AT CDC

TO BE FILLED BY APPLICANT WELL IN ADVANCE:

1. Name of Faculty/Staff/Student: _____

2. Designation: _____

3. Department/Section/Club/Committee: _____

4. Contact Number: _____

5. Email-ID: _____

6. Booking of the following venue/s at CDC is requested (Please tick the check box)

Dr. Homi Jehangir Bhabha PPT Hall

Panel Room No. 3

Panel Room No. 4

Panel Room No. 5

Panel Room No. 6

Panel Room No. 7

Panel Room No. 8

Others (Please Specify): _____

7. Purpose for booking of the above Venue/Facilities at CDC (specify the function/activity with details): _____

8. Date/s for booking of above Venue/Facilities at CDC: _____

9. Timing for booking of above Venue/Facilities at CDC: From _____ To _____

10. Number of expected participants: _____

UNDERTAKING:

We hereby undertake the full responsibility for the conduct and supervision of all the participants, ensuring to follow the booked time limit, safekeeping of the Institute/CDC property/facilities, and facilitating the proper handover of venue /facilities after use, failing which the Institute reserves the right to take disciplinary action, which may include the imposition of fines or any other appropriate measures as it may deem fit.

Recommended & Forwarded

Signature of Applicant

Faculty In-Charge/HoD

FOR OFFICE USE:

Approved / Not Approved

Assistant Registrar, CDC

Copy to:

- Head CDC
- Faculty In-charge, Placement Cell
- Security Officer
- Caretaker, CDC