

ISLAMIC UNIVERSITY OF SCIENCE & TECHNOLOGY AWANTIPORA, KASHMIR.

Office of the Estates

BOOKING FORM

Contact details: Event Coordinator Name			
Department / Centre / Office		Email:	
Mobile		Date:	
Event Details:			
Date(s):			
Time:	Start:	End:	
Title:			
Chief Guest Name:			
No. of Participants			
Equipments and services requi	ired:		
Data Projector	Yes	No	
Audio	Yes	No	
Internet Connectivity	Yes	No	
Brief description of the Event:	1		
		ent Authority. If YES, Copy (of the approval be attac
f Sponsored: YES / NO Details of Sponsor and Nature o f organized in Collaboration: Y	of Sponsorship: ES / NO.		
If Sponsored: YES / NO Details of Sponsor and Nature o If organized in Collaboration: Y	of Sponsorship: ES / NO.		
Whether the event has been ap If Sponsored: YES / NO Details of Sponsor and Nature o If organized in Collaboration: Y Details of Collaborators:.,	of Sponsorship: ES / NO.		
f Sponsored: YES / NO Details of Sponsor and Nature o f organized in Collaboration: Y Details of Collaborators:.,	es / NO. Head/Director of Depart		

- Booking must be done at least 7 days prior to the commencement of event.
- No eatables should be consumed in the Auditorium.
- The amount due shall be paid within 07 days of the completion of the event in case of in-house program or in advance in case of sponsorship and events conducted by outsiders.
- The amount due shall be deposited in the dedicated account.