**REQUISITION FOR BOOKING OF SWAMI VIVEKANAND SEMINAR HALL.**

|  |  |  |
| --- | --- | --- |
| 01 | Name of Department |  |
| 02 | Purpose |  |
| 03 | Period with date |  |
| 04 | Any other information |  |

Signature of Applicant with date

Mobile No. :-

Note :

1. The Department further undertakes to pay for the damages are caused during the programme to the CUSB Property.
2. The Reservation is subject to availability on particular day and after further confirmation by the approving authority for allotment. Only submission of the requisition form not gives the right to claim the allotment.

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**For the office use of CUSB**

**Availability/remarks of dealing Assistant :**

**Remarks of Allotting Authority :**

**Approved/Not Approved**

**Registrar**