



C. U. Shah University
(Managed By Wardhman Bharti Trust)
Request Form for the Auditorium



Date of Application:			
Date of Event:	From:_____ to _____	No of Days:_____	
Name of Event:			
Type:	Workshop/ Expert Lecture/ FDP/ Cultural/ Other (Specify)		
Time:	From:_____ to _____	Duration:_____hrs	
Type of Participants:	Staff/ Students/ Outside Participants (Specify):		
Number of Participants:	No of Participants:_____	No of Guests:_____	Total:_____
Purpose of Event: (Not More than 100 Words)			
Name of Faculty:			
Name of Institute/ Section/Cell:			
Name of Dean/ Chairman:		Contact Number:	
Name of Convener:		Contact Number:	
Name of Coordinator:		Contact Number:	
Type of Instrument Required:	Podium Mic: Yes/ No Cordless Mic: Yes/No Collar Mic: Yes/No Projector: Yes/No Projector Back Screen: Yes/No		

We undersigned, here by certify that we are aware regarding SOP for the usage of Auditorium and will be responsible for any violation of the same.

Sr. No	Name	Signature
01	Coordinator:	
02	Convener:	
03	Dean/Chairman:	



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For Office Use		
Date of Application Received:		
Signature of In charge and Remarks		
Signature of Vice Provost and Recommendation:		
Signature of President and Comments:		Sanctioned/ Non Sanctioned

Pre Event Check List	
Date of Inspection:	
Cleanness of Auditorium:	Satisfactory/ Non Satisfactory
Lightning and AC System:	Satisfactory/ Non Satisfactory
Audio Video System:	Satisfactory/ Non Satisfactory
Name and Signature of Coordinator:	
Name and Signature of Auditorium Team Member:	

Post Event Check List		
Date of Inspection:		
Damage to Fixture/Furniture / Systems:	Yes/No	
Details of Damage if any:		
Report Submission:	Yes/ No	Date of Submission:
Name and Signature of Convener:		
Name and Signature of Auditorium Incharge:		