

Faculty of Computing & Information Technology

Sound System Reservation Form

For Faculty/Students Use

Name Roll No.
Day & Date Time Slot
Course/Activity..... Class
Location Code No. of Seats
Multimedia Projector: YES/NO Computer System: YES/NO
No. of Mic(s) Signature
Signature (Chairman)

For Office Use

Recommended/Not Recommended Location Code.....
Remarks (if any)
Signature (PCO) Date
Approved/Not Approved Signature (Dean)