



भारतीय प्रौद्योगिकी संस्थान गुवाहाटी  
**INDIAN INSTITUTE OF TECHNOLOGY GUWAHATI**  
Centre for the Environment

**REQUEST FOR BOOKING OF CENTRE'S SEMINAR/CONFERENCE ROOM**

Booked by:	Prof./Dr./ Mr./Ms.		
Department/Centre			
Designation			
Date & Time of Booking	From		To
	Date		
	Time		
Is the meeting official?	Yes / No (Please ✓ mark)		
Purpose			
Projector required	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

\_\_\_\_\_  
Signature of the Faculty/Staff with date

Name :: \_\_\_\_\_

Telephone No. / E-mail Id :

\_\_\_\_\_  
\_\_\_\_\_

**For Centre's office use**

Conference Room allotted and necessary entries made in the Booking Register at Sl. No. _____	From		To
	Date		
	Time		

Signature of : SA/JTS/TO

Approved/Not approved

Signature of HoC \_\_\_\_\_