



UNIVERSITY OF KALYANI

APPLICATION FORM FOR BOOKING A.P.J. ABDUL KALAM AUDITORIUM

1	Name of the Department of the Kalyani University/ Name of the Government/Govt. aided College/ Private Institution/ Private Organization/Party (In Capital Letters)	:						
2	Address	:						
3	A	Registration No. under Society Act/Other Act	:					
	B	PAN/TAN No.	:					
4	Name of the representative/ applicant		:					
5	Position hold by the applicant in the Organization		:					
6	Mobile No.	Telephone No.	E.mail ID	:				
7	Purpose of Booking (please put ✓ mark in appropriate box)	Seminar	Educational Programme	Play	Group Theatre	Music	Dance	Others (Brief Details (*))
(*):								
8	Date of booking	:	From.....	To.....	Total No. of Days			
9	Nature of Booking (Please put ✓ mark in appropriate box)	FULL DAY		HALF DAY				
10	Time of Booking (in case of half day booking) (Please put ✓ mark in appropriate box)	:	i	9 a.m. to 3 p.m.				
			ii	4 p.m. to 10 p.m.				
11	Total number of participants/ audience (including organizers) expected		:					
12	Admission by (Please put ✓ mark in appropriate box)	:	Ticket	Invitation	Open			

I/We have studied the booking form and the terms and conditions governing the hiring of the A.P.J. Abdul Kalam Auditorium of the University of Kalyani and agree to abide by them fully and to be bound by them.

Name of the Applicant :

Date :

Full signature of the applicant with seal/ stamp

Encl: Terms & Conditions governing the hiring of the A.P.J. Abdul Kalam Auditorium of the University of Kalyani duly signed.

(The application form and Terms & Conditions governing the hiring of the A.P.J. Abdul Kalam Auditorium of the University of Kalyani will have to be downloaded from University Website : www.klyuniv.ac.in).

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FOR OFFICE USE ONLY
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