



GOA UNIVERSITY
FORM FOR RESERVATION OF AUDITORIUM

Name & Address of the Organizers: _____

Contact details of the Organizers:

e-mail: _____

Cell No. _____

Title of the Event: _____

Details of the proposed event:(enclose brochure/ note, etc.)

Date(s) on which reservation is required: _____

Full day/Half day: _____

Number of participants expected (with justification): _____

I/We, _____ the Organizers of the above mentioned event have read and agree to the Terms and Conditions for the usage of the Auditorium/Hall.

Date: _____

Name & Signature of the Organizers

FOR OFFICE USE

1. Request for reservation of auditorium as above is recommended / not recommended.

Signature of controlling authority

2. Decision of the Registrar: Goa University: Approved as above/ Not Approved.

Registrar

3. Amount of charges paid: Rs. _____ on (date) _____ Challan/DD No.

Finance Officer