

**JAMAL MOHAMED COLLEGE (AUTONOMOUS)
TIRUCHIRAPPALLI – 620 020**

HALL REQUISITION FORM

Date:

Name of the Department / Part V Extension Activity (Mention the name of Club)	
Stream	Aided / SF(Men / Women)
Nature of activity	Guest Lecture / Party / Viva-Voce / Webinar / Seminar / Conference / Competitions / Special Meeting/ Association Activity / Part V Functions (specify the name of Club)
Date of the Event / Meeting / Function / Activity	
No. of Participants	
Time (From - To)	
Name of the Venue required to conduct the activity	
Name of the Staff in charge & Mobile No.	

I request you sir to kindly permit us to conduct the activity in the required hall / venue.

**HOD / COORDINATOR /
MID / STAFF IN CHARGE**

PRINCIPAL

SECRETARY & CORRESPONDENT

Copy to:

1. Dr. B. Sirajudeen, Campus Maintenance (Mobile No. 9786875108)
2. Mr. Shaik Mohideen, Electrician (Mobile No. 9942125035)
3. HOD Concerned (where Hall is available)