

**BHAIKAKA UNIVERSITY
KARAMSAD
R & K PATEL KNOWLEDGE CENTRE
SEMINAR HALL BOOKING FORM**

Date:- ___/___/ 20__

To : Dr. Bharat M Gajjar
Professor In charge, Central Library.

Dear Sir,
Kindly permit us to use the hall for Workshop/ Conference/ Seminar

Program Date : ___/___/ 20__ To ___/___/ 20__

Program Time : _____ To _____

Purpose : _____

Name of Requisitioner : _____

Department : _____ Internal Phone No _____

Mobile no. : _____

Sign of Requisitioner

Sign. of HOD

.....
**Note: Hall will be available during 9-00 am to 5-00 pm only.
Eatable items are not allowed in the hall.**

Central Library : Internal Number : 3459

For office use:-

Availability of time slot Yes/ No

Librarian
(Mr. Jitubhai Makwana)

Approved
(Dr. Bharat Gajjar)

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