



Estd 1864

Forman Christian College

(A Chartered University)

Classroom Scheduling Request Form

Student Name: _____ Roll No: _____ Contact No: _____

Supervisor Name of Faculty/Advisor: _____ Contact No: _____

Name of Event: _____

Date (If multiple dates are requested please list them all): _____

Start Time: _____ End Time: _____

(Please list actual event times that should include suitable set up and pack up time, no extra time will be allowed.)

Event Type: Seminar Movie Meeting Academic Other: _____

Requested Room(s): _____ Organizing Dept./Society: _____

I understand that the assigned facility is my responsibility and agree to return it as per allocated condition.

Student Signature: _____ Faculty/Advisor Signature: _____

For official approvals:

Plant Operation Department/ Building supervisor (Cleaning, Furniture setup): _____

Academic Services Office: _____ Dated: _____

Please note:

- Submit this form at least one week before the event. You will be notified of space availability within three business days.
- Room will be reserved on first come first serve basis.
- Air conditioning and power backup will be available as per University policy.
- For events requiring services beyond the assignment of space (e.g. security, media services etc) it is the responsibility of the requestor to contact with the appropriate Events Department to secure the provision of services.

Disclaimer:

In case of any technical or related issues, you may shift the room by coordinating building supervisor/ASO.