HALL BOOKING FORM



Internal Quality Assurance Cell (IQAC) NESAMONY MEMORIAL CHRISTIAN COLLEGE

Marthandam - 629 165, Kanyakumari District, Tamil Nadu, INDIA

Email: iqacnmccm@gmail.com

Name of the Hall	: Seminar Hall – I / Seminar Hall – II / Physics Seminar Hall /				
	Botany S	eminar Hall /	Other		
Date of the Programme	:				
Scheduled Time	: From .		То		
Title of the Programme	:				
Name & official address	of the				
Resource person	:				
Name of the Staff involved in hall booking:					
Organising Dept/Commi	ttee:				
Date of booking	:				
Signature: HoD/ Organ	iser	IQAC Co	-ordin	nator	Principal
Note : The filled in form sl	hould he su	ihmitted to t	he IOA	C office for proces	is.

Submission of the Report of the Programme

Date of submission of the Report:

Name of the Staff submitting the Report:

Signature of the Staff IQAC Co-ordinator

Note: The report may also be submitted in MS Word file to the IQAC mail ID given above.