



## **HALL BOOKING FORM**

**Internal Quality Assurance Cell (IQAC)**

**NESAMONY MEMORIAL CHRISTIAN COLLEGE**

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

Email : [iqacnmccm@gmail.com](mailto:iqacnmccm@gmail.com)

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**Name of the Hall** : Seminar Hall- I / Seminar Hall-II / Seminar Hall-III – *History Block*) / Physics Seminar Hall / Botany Seminar Hall / Research Scholars' Lobby / Other .....

**Date of the Programme** :

**Scheduled Time** : From ..... To .....

**Title of the Programme** :

**Name & official address of the  
Resource person** :

**Name of the Staff involved in hall booking :**

**Organising Dept/Committee :**

**Date of booking** :

<b>Signature:</b>	<b>HoD / Organiser</b>	<b>IQAC Co-Ordinator</b>	<b>Principal</b>
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***Note:** The filled in form should be submitted to the IQAC office for process.*

### **Submission of the Report of the Programme**

**Date of submission of the Report :**

**Name of the Staff submitting the Report:**

<b>Signature of the Staff</b>	<b>IQAC Co-Ordinator</b>
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***Note:** The report of the event should also be submitted in MS Word file to the IQAC mail ID.*