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 / Seminar Hall-III – *History Block)* / **Physics Seminar Hall / Botany Seminar Hall / MBA 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 :

Signature: HoD / Organiser IQAC Co-Ordinator Principal

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:

Signature of the Staff IQAC Co-Ordinator

Note: *The report of the event should also be submitted in MS Word file to the IQAC mail ID.*