

National Institute for Research in Tuberculosis
 Director's Office
Meeting Room Request Form

Name of the Indenter	:			
Designation	:			
Division/Department	:			
Room(s) Required		Sriram Prasad Tripathy Conference Room, Patient Care Building Fox Mitchison Room, Lab Building Robert Koch Auditorium, Lab Building Sanjeevi Room, Lab Building CVR Conference Room, Lab Building Dining Hall, Patient Care Building		
Date	:	From _____	To _____	
Time	:	From _____	To _____	
Purpose of requirement	:	<input type="checkbox"/> Meeting <input type="checkbox"/> Guest Lecture/ Seminar Training	<input type="checkbox"/> Conference/Symposium Workshop Others	
Name of the Meeting / Conference / Workshop	:			
Item Required	:	<input type="checkbox"/> LCD Projector <input type="checkbox"/> Collar Mic * None of the above	<input type="checkbox"/> Laptop Mic *	*For Auditorium & New Conference Room only
Signature & Date	:			
HOD's Signature & Date	:			
For Director's Office Use only				
Room (s) / Auditorium	:	Available	<input type="checkbox"/>	Not Available
Signature & Date	:			