

Dr. KALAM COMPUTING CENTRE

ANNA UNIVERSITY, MIT CAMPUS, CHENNAI 600044

COMPUTER LAB / TP HALL BOOKING FORM

Date of Booking Request							
Details of the Booking Person							
Name							
Designation							
Department/Centre							
Contact Number		Mobile	Mobile			Intercom	
Email-Id						I	
Alternate contact (person) if any							
Details of the Program							
Program Name							
Program Organizer							
Number of Participant							
Program date				Time	From)	
				Time	То		
Signature of the Booking person							
KCC Office Use							
Venue Assigned	LAB I		LAB II		l	_AB III	TP Hall
Name of the technical support person(s) assigned							
Approved / Not Approved							
Professor & Head, KCC							