

**Booking / Requisition Form for the Virtual class room**

**Date:**

**Name of applicant and Designation:** -----

**Purpose:** -----

**Period of requisition:** From ----- to -----

(Please include date and time)

**Far end details:**

- a. Organization (s)
- b. IP(s)
- c. Contact person(s) Email and Ph no:

I hereby take the responsibility that the facility will be used with utmost care and there will be no infringement in the system.

**(Signature of applicant)**

**(Forwarded by head of Discipline/Section)**

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**Status of VCR: Functional/Nonfunctional**

VCR Operator

**Approved/Not approved**

**(Nodal in Charge NKN)**

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