



**ICSSR NORTH-WESTERN REGIONAL CENTRE**  
**SEMINAR-CUM-GUEST HOUSE COMPLEX**  
**PANJAB UNIVERSITY, CHANDIGARH**

**APPLICATION FOR RESERVATION OF SEMINAR ROOMS**

1. Name of the Applicant with Designation : \_\_\_\_\_
2. Complete Address of the Applicant : \_\_\_\_\_
3. Phone No. : (M) \_\_\_\_\_ (O) \_\_\_\_\_ (R) \_\_\_\_\_
4. Name of the Department : \_\_\_\_\_
5. Sponsoring Body : University/ Teaching Deptt./  
Educational Institution / Central / State Govt. : \_\_\_\_\_
6. Complete Postal Address : \_\_\_\_\_
7. Seminar Room required :  No. I       No. II       No. III
8. Date and the Timings for Booking : Date / Dates \_\_\_\_\_  
Timings \_\_\_\_\_
9. State clearly the purpose for which Seminar  
Complex is to be booked  
( Educational / Academic ) : \_\_\_\_\_
10. Name of the Chief guest on different days of the  
Programme : \_\_\_\_\_
11. Number of Participants : \_\_\_\_\_

*I have read the instructions/ conditions mentioned on the reverse, regarding booking of the Seminar Complex carefully and shall abide by them.*

**Recommendation of the Chairman,**  
**P.U. Teaching Department/ Head of the Institution/ Principal of College**  
**(With Seal)**

**Signature of the applicant**  
Date : .....

**FOR OFFICE USE ONLY**

Seminar Room No. \_\_\_\_\_ is available from \_\_\_\_\_ to \_\_\_\_\_  
Rental charges will be Rs. \_\_\_\_\_ per day.

May be allowed to reserve. Submitted for orders, please.

DIRECTOR (IN CHARGE)

OFFICIAL CONCERNED

P.T.O.