

UNIVERSITY COLLEGE OF MEDICAL SCIENCES
(UNIVERSITY OF DELHI)

DILSHAD GARDEN, DELHI - 110095

APPLICATION FOR ALLOTMENT OF FACULTY LOUNGE

1. Name of the Applicant :-
2. Designation :-
3. Name of the Department :-
4. Date on which the faculty lounge is required :-
5. Time: - From.....To.....
6. Anticipated Number of Persons:-
7. Contact Number:-
8. Purpose:-

Signature of Applicant; -----

Name in block letter:- -----

Date: -

Designation:-----

Note:-

1. Any damage to the property i.e., Chair, Sofas or any other items will be the sole responsibility of the applicant. Applicant must check the faculty lounge before function. Recovery of damages will be made against applicant, if any
2. No sticker or posters are allowed inside or outside the faculty lounge. Rupees 1000 will be fined for violation.

Declaration: - I will abide by all rules & regulations. I will be fully responsible for any damage. Permission may please be granted for catering.

Signature of Applicant; -----

Name in block letter:- -----

Date: -

Designation:-----

Recommendation of HOD/Section In charge

Recommendation of Medical Director for GTBH Staff/Principal for School of Nursing

FOR OFFICE USE

Recommended/ not recommended for allotment (strike off whichever is not applicable)

AR (General)

SO (General)

DR

JR

PRINCIPAL