

**Bhaskaracharya College of Applied Sciences  
(University of Delhi)  
Sector2, Phase-I, Dwarka  
New Delhi - 110075**

**Conference Room Booking Form**

Dated :

Name of Faculty Member: .....

Name of Club/Committee: .....

Booking is sought for a holding a meeting or lecture .....

Date for which booking is sought: .....

Time period : .....

**Signature**

P.S. : Lunch will not be served in the Conference Room. Only snacks are allowed inside from canteen.

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**For Office Use**

Permission is granted for holding meeting/lecture in the Conference Room to (name of the faculty member) .....on ..... from (time) .....

**Sr. P.A. to Principal**

**Principal**

**Bhaskaracharya College of Applied Sciences  
(University of Delhi)  
Sector 2, Phase-I, Dwarka  
New Delhi - 110075**

**Audio Visual (AV) Room Booking Form**

Dated :

Name of Faculty Member: .....

Name of Club/Committee: .....

Booking is sought for a holding a Meeting/Lecture/Seminar .....

Date for which booking is sought: .....

Time period : .....

**Signature**

P.S. : No eatables are allowed inside.

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**For Office Use**

Permission is granted for holding meeting/lecture/seminar in the AV Room to (name of the faculty member) .....on ..... from (time) .....

**Sr. P.A. to Principal**

**Principal**