



**SERVICE REQUEST FORM**

**(For Institute Events only)**

Name of Applicant:.....

Designation:.....

Department/Centre:..... Contact No.:.....

- Nature of Event:**  Workshop/Symposium/Conference  National  International  
 Lecture by Eminent Academician/Personality visiting Department  
 Lecture by Eminent Academician/ Personality visiting Institute  
 Other (Institute Level)

Specify event for "Other" category highlighting it's merit: .....

Account Head to be indicated if any expenditure is to be charged by CET:.....

**Nature of Service requested**

- Video Conferencing  Web Content Design   
 E-class room (50 sitter)  Graphic Design   
 Video Recording/Editing  Animation

Period of service required From...../...../..... To .....

| Sl. No. | Date | Name of Service | Duration (Indicate in hours) |    | Venue |
|---------|------|-----------------|------------------------------|----|-------|
|         |      |                 | From                         | To |       |
|         |      |                 |                              |    |       |
|         |      |                 |                              |    |       |
|         |      |                 |                              |    |       |
|         |      |                 |                              |    |       |

- Note**
- (i) Please submit this form at least 5 working days before the requirement of CET service.
  - (ii) For any service beyond the office hours, a transport should be arranged for the CET team member if he/she resides outside the campus.
  - (iii) Consumable should be borne by the concerned Department/Applicant.
  - (iv) Where ever applicable, honorarium to the CET team member (as per the institute norm) should be borne by the concerned department/applicant.
  - (v) In case of any payment of honorarium to the CET staff from sponsored/consultancy projects, it has to be routed through Dean R&D. No payment should be made directly to the staff.

**Justification for the service request:** .....

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Remarks and/or Recommendation of HOD/HOS/HOC

Signature of Faculty Member

Signature

Date:.....

Name .....

**For CET Office Use Only:**

Remarks.....  
.....  
.....

Service request is well justified.....

Costing estimate for service:

| Consumable |      |          |
|------------|------|----------|
| Sl. No     | Item | Quantity |
|            |      |          |
|            |      |          |
|            |      |          |
|            |      |          |

| Staff Assigned |      |      |      |        |            |
|----------------|------|------|------|--------|------------|
| Sl. No         | Name | Hour | Rate | Amount | Account No |
|                |      |      |      |        |            |
|                |      |      |      |        |            |
|                |      |      |      |        |            |
|                |      |      |      |        |            |

| Transportation |      |      |      |      |    |
|----------------|------|------|------|------|----|
| Sl. No         | Name | Date | Time | From | To |
|                |      |      |      |      |    |
|                |      |      |      |      |    |
|                |      |      |      |      |    |
|                |      |      |      |      |    |

CET Office: .....

Date: .....

Officer-in-charge:.....

Date:.....

Approved / Not Approved

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Head, CET