

Uttar Pradesh University of Medical Sciences, Saifai, Etawah

Application for the Booking of Auditorium

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1. Name and address of applicant : .....
  2. Date of Booking : .....
  3. Duration of booking : from ..... to .....
  4. Purpose/nature of function : .....
  5. Facility to be availing during the booking period .....
- (Please mentioned as per scheme number mentioned in annexure-B)

(Signature of the Applicant)  
With official seal

I have read the guide lines given overleaf and have understood them clearly and taken them as may social responsibility towards UPUMS Saifai, Etawah authority and any failure or my part, I will own the responsibility and ready to forfeit the security deposit.

(Signature of the Applicant)  
With official seal

Recommendation  
O/I CAC Department

Approved by

(Registrar/PVC/VC)  
UPUMS, Saifai

*[Handwritten Signature]*  
J.E. (Civil)  
U.P.U.M.S., Saifai-Etawah

*[Handwritten Signature]*  
07/12/2020

*[Handwritten Signature]*