

শ্রীমন্ত শংকরদেবৰ আন্তর্জাতিক প্রেক্ষাগৃহ

SRIMANTA SANKARADEVA INTERNATIONAL AUDITORIUM

Srimanta Sankaradeva Kalakshetra Path

PANJABARI, GUWAHATI- 781 037

Booking Form

Name

Address

Name of Contact Person Designation :

Phone No. : Land Line..... Cell No.....

E-mail ID

Purpose of Use

Proposed Date for Booking

1st Session (10 AM to 6 PM)

2nd " (2 PM to 10 PM)

(Sl. 6 of Rules & Regulations to be followed)

Other requirements (If any)

Expected no. of persons : on Stage.....in the Hall.....

DECLARATION

To,
The Secretary
Srimanta Sankaradeva Kalakshetra Society
Srimanta Sankaradeva Kalakshetra Path,
Panjabari, Guwahati- 781 037

Dear Sir,
I / We have gone through the rules and regulations and such others for the usage of the Srimanta Sankaradeva International Auditorium and agree to abide by the same. We have taken the responsibility for any damage caused due to misshandling of the facilities provided.

Date : Signature
Stamp. Name :

(FOR OFFICE USE)

DATE (S) FOR THE PROGRAMME :

Received an amount of Rs.....as advance/ full payment by Cash/DD No.....Date:.....

Bank :

Security deposit : Rs..... Receipt No.....Date:.....

Security money shall be refunded by cheque in the name of

Total amount of Hall charge Rs.....

Return of security deposit Rs.....vide cheque No.....Date:.....

(FOR OFFICE USE) Note of Auditorium in Charge :

Auditorium was taken at : Programme started at : End : Time: Extra Time :

Other details :

Date : Auditorium In Charge