

**ADITI MAHAVIDYALAYA  
(UNIVERSITY OF DELHI)  
AUCHANDI ROAD, BAWANA  
DELHI-110039**

**Audio Visual 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**