



GOVT. OF N.C.T. OF DELHI  
**MAULANA AZAD MEDICAL COLLEGE**

and Associated Lok Nayak, Govind Ballabh Pant Hospital &  
Guru Nanak Eye Centre, 2, B.S.Z. Marg, New Delhi-02

No. F.

Date:

To

In-Charge  
Department of Auditorium & Lecture Theatre  
Maulana Azad Medical College,  
New Delhi.-110002

Booking of Lecture Theatre New/Old

Person requisitioning  
(Name & Designation): \_\_\_\_\_

Department : \_\_\_\_\_

Contact Number : \_\_\_\_\_

Email ID : \_\_\_\_\_

Event/Program : \_\_\_\_\_  
(Lecture/workshop/conference/Meeting)

Lecture theater : (New LT-1 & 2 Old Ground Floor, 1<sup>st</sup> Floor, 2<sup>nd</sup> Floor, 3<sup>rd</sup> Floor)

Date of Booking : Days \_\_\_\_\_ Date \_\_\_\_\_ To \_\_\_\_\_

Time: \_\_\_\_\_ AM/PM \_\_\_\_\_ PM

(Signature of Applicant)  
With Seal

(Signature of Head of Department)  
With Seal

Booking No.

Dated.....

Booking is available/not available on this date ..... timing ..... am/pm from  
department of .....MAMC, New Delhi.

In charge

Head of Department