



GOVT. OF NCT OF DELHI  
MAULANA AZAD MEDICAL COLLEGE  
And Associated Lok Nayak, Govind Ballabh Pant Hospital & Guru Nanak Eye Center,  
2, B.S.Z. Marg, New Delhi-02

No. \_\_\_\_\_ Date.....

To,  
The In-charge (Lecture Theater`s)  
Auditorium, Maulana Azad Medical College,  
New Delhi-110002

**BOOKING OF NEW / OLD LECTURE THEATER`S**

Person Requisitioning (Name & Designation).....

Department of .....

Contact Number.....

E-mail ID.....

Event/Program.....  
(Lecture/Workshop/conference/meeting)

Date of Booking .....(New /Old) Day`s.....Timing .....am to.....pm

Signature of Applicant.....(With Seal)

Forwarding and recommendation

Signature of Head of the Department  
(With Seal)

**(Use for Lecture Theater`s):-**

Booking of Lecture Theater No.....New/Old) Timing of Booking.....

Date of Booking..... Timing .....am.....pm

Dated.....

Signature of In-charge

**(Booking Confirmation Lecture Theater)**

To ,

The Head of Department .....MAMC,New Delhi

Booking of Lecture Theater No.....New/Old) Timing of Booking.....

Date of Booking..... Timing .....am.....pm

Dated.....

Signature of In-charge

**(L.T.Booking e -mail ID [mamcltbooking@gmail.com](mailto:mamcltbooking@gmail.com) (In-charge Mobile No.9968604512)**

**011-23239271-240,377**