CCE Seminar Room Booking Form

1. **Activity (Course/Workshop/Seminar/etc.)**: ____________________

2. **Duration**: From ________________ To ________________

3. **Booking Date**: From ________________ To ________________

4. **Timing**: from ________________ To ________________

5. **Charges (Tick on Appropriate category)**:
   a. Category 1 (2000/day)
   b. Category 2 (3000/day)

6. **Payment**: Project No. ____________________ Amount ______

**Course Coordinator:**

**Head, CCE**

*Category 1- CCE Approved Activity*

*Category 2- Others*

*Room Capacity: 40 Persons.*