

**KALASALINGAM ACADEMY OF RESEARCH AND  
EDUCATION**  
(Deemed to be University Under Sec.3 of UGC Act 1956)  
Anand Nagar, Krishnankoil 626 126

**EVENT HALL ALLOTMENT FORM**

**Date:**

<b>Applicant Name &amp; Contact Number</b>		
<b>Designation</b>		
<b>Department / Institution</b>		
<b>Required Hall</b>	<input type="checkbox"/>	<b>K. S. Krishnan Auditorium</b>
	<input type="checkbox"/>	<b>Dr. V. Vasudevan Seminar Hall</b>
	<input type="checkbox"/>	<b>Admin Block Seminar Hall</b>
	<input type="checkbox"/>	<b>Srinivasa Ramanujam Block Seminar Hall</b>
	<input type="checkbox"/>	<b>Dr. A. P. J. Abdul Kalam Block Seminar Hall</b>
	<input type="checkbox"/>	<b>Dr. S. Radha Krishnan Senate Hall</b>
<b>Organizing Department / Institution</b>		
<b>Purpose of the Hall</b>		
<b>Seating Capacity Required</b>		
<b>Facilities Required</b>	<input type="checkbox"/> <b>Reception Items</b>	<input type="checkbox"/> <b>Audio</b> <input type="checkbox"/> <b>Power Backup</b>
<b>No. of Day(s) &amp; Date(s)</b>		
<b>Event Time</b>	<b>From :</b>	<b>To :</b>
<b>Signature of the Applicant</b>	<b>Head of the Department / Institution</b>	
<b>Permitted / Not Permitted</b>		
<b>REGISTRAR</b>		
<b>Note:</b>		
<b>Booking Number :</b>		

**Note:**

1. Event form as approved by VC should be enclosed for booking of hall
2. Cancellation of any event should be communicated at the earliest.