

**Indian Institute of Technology Kanpur**

**Office of Outreach Activities**

**OOA Seminar Room Booking Form**

1. **Activity (Course/Workshop/Seminar/etc.) :**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Coordinator’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Duration :** From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **Booking Date :** From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. **Timing :** From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. **Charges (Tick on Appropriate category):** 
   1. Category 1 (2000/day)
   2. Category 2 (3000/day)
7. **Payment:** Project No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount\_\_\_\_\_\_\_\_
8. **Contact Person Name:**
9. **Contact Person’s Mobile Number:**

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| **Course Coordinator:** | **Professor-in-Charge, OOA** |

*Category 1*- OOA Approved Activity

*Category 2*- Others

*Room Capacity:* 40 Persons.