

KONGU ENGINEERING COLLEGE
SCHOOL OF COMMUNICATION AND COMPUTER SCIENCES
DEPARTMENT OF COMPUTER SCIENCE AND ENGINEERING
COMPUTER CENTRE BOOKING FORM

NAME OF THE COMPUTER CENTRE		
	FROM	TO
DATE		
TIME		
FACULTY IN-CHARGE/ DESIGNATION		
DEPARTMENT		
MOBILE NUMBER		
NO OF STUDENTS/PARTICIPANTS		
SOFTWARE REQUIREMENTS		

PURPOSE (Tick Appropriate)

<input type="checkbox"/>	WORKSHOP	<input type="checkbox"/>	VALUE ADDED COURSE	<input type="checkbox"/>	SEMINAR	<input type="checkbox"/>	PROJECT PRESENTATION	<input type="checkbox"/>	CLASS(LAB)	<input type="checkbox"/>	OTHER
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Note: Attach schedule for value added courses

TITLE / PURPOSE:

ALTERNATE ARRANGEMENT FOR LAB SESSIONS:

DATE/SESSION	SECTION/ NAME OF THE LAB	ALTERNATE ARRANGEMENT	FACULTY SIGN

FACULTY IN-CHARGE

LAB IN-CHARGE

SYSTEM MANAGER

HOD/CSE