

KONGU ENGINEERING COLLEGE  
 SCHOOL OF COMMUNICATION AND COMPUTER SCIENCES  
 DEPARTMENT OF INFORMATION TECHNOLOGY  
**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"/>	<b>WORKSHOP</b>	<input type="checkbox"/>	<b>VALUE ADDED COURSE</b>	<input type="checkbox"/>	<b>SEMINAR</b>	<input type="checkbox"/>	<b>PROJECT PRESENTATION</b>	<input type="checkbox"/>	<b>CLASS(LAB)</b>	<input type="checkbox"/>	<b>OTHER</b>
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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/IT