



Nehru Memorial Museum & Library
Teen Murti House, New Delhi - 110011, Tel No. 23010666, Fax No. 91-11- 23793296
Form for Reserving Auditorium and Seminar Room of NMML

•Name of organization and contact person:

•Address:

•Contact Tel. No.: _____ Fax No.: _____ e-mail: _____

•Type of Event (tick): musical Concert/conference/theatrical play/other

If Musical please specify type of music and potential audience _____

If Conference please specify the topic of conference and potential audience

If theatrical play please specify the type of performance and the potential audience _____

If other, please specify in as much details as possible _____

•Number of Person Expected:

•Name of Chief Guest, if any:

•Please attach the programme schedule

•Date of Meeting : _____

•Duration : _____ (From : _____ To: _____)

•Accommodation Required : _____ (Auditorium/Seminar Room)

•Please specify whether the programme is for (please tick mark): Open Meeting/Invited persons only

•Backdrops, banners and Signage should not be more than 3.

Please Note:

•Text to be put up on the Notice Board should be self explanatory and brief.

•Confirmation of booking will be given only on receipt of this Requisition Form, duly filled in, and full advance payment.

(Signature)

(Name in Block Letters)

UNDERTAKING

1. I undertake that the facts mentioned in our application for booking the conference facility are true to the best of my knowledge and belief.
2. I shall take every measure possible not to cause inconvenience to the NMML staff members or the users of the NMML facilities.
3. I undertake to abide by the terms and conditions mentioned in the “Guidelines for the use of Auditorium/Seminar Room”.
4. In the case of breach of any of the above terms by us, NMML has the right to cancel our booking or refuse to entertain our application for booking of conference facility in future or any of these.

(Signature)

Place & Date

Name:

Address:

Telephone

Mobile

For Office Use only

Bill No. : _____ Date: _____ Amount: _____

Receipt No. : _____ Date: _____ Amount: _____

GST No.

Signature

(Cashier)

•A duly filled copy to be sent to Security Officer/Caretaker/CCS

EXIT PASS

M/s _____ may be allowed to leave the premises. They have paid all the dues and have got the area around Seminar Room/Auditorium cleaned after the programme.

(Mukesh Mudgal)

Security Officer