

**BIRLA INSTITUTE OF TECHNOLOGY
MESRA, RANCHI**

Form: CR-1

Date: / /20

Class Room Engagement Request Form

Name of the Faculty/Staff:	Designation:
Department:	Mobile No.:
E-mail Address:	
Nature of Work: <i>(please specify)</i>	
Location & Classroom No.	
Anticipated Time & Date:	(Signature)

<u>Office of Dean (AP) Use Only</u>	
Duty Assigned to	
Date & Time	
(Asst. Registrar-AP)	(Dean-AP)

N.B. Requisition slip to be sent to the Office of Dean (AP) for classroom engagement