

HOMI BHABHA CENTRE FOR SCIENCE EDUCATION

Programme Intimation Form (To be submitted at least 2 working days in advance)

1. Name of the Programme :
 2. Event URL / Link :
 3. *Period* : From _____ To _____. *Time* : From _____ To _____
 4. a) Name of the Co-ordinator :
b) Contact person at HBCSE :
 5. Expected number of persons who will attend : from HBCSE : _____
from Outside : _____
Total :-
- List of participants attached (Please tick) :
6. Facilities required :
 - a) Lecture Room(s) / Auditorium / Meeting rooms (G1, G2, etc) :
(Specify with timings) :
Billing for this in the name of :
 - b) LCD Projector / Microphone / Laptop / Laser Pointer :
(Please tick the items that are required and give necessary details)
 - c) Guest House/Hostel : Not required / Form filled and attached / Form submitted before
Billing for this in the name of :
 - d) Canteen (Please tick the items that are required and attach menu & number of persons) :
 1. Morning Tea / Coffee / Breakfast :
 2. Lunch :
 3. Evening Tea / Coffee / Snacks :
 4. Dinner :Billing for this in the name of :
 - e) Vehicle and Transport : Not required / Form filled and attached / Submitted before
/ Submitted Online
 - f) TA to be paid : Yes / No (Please attach Centre Director's approval)
 - g) Wifi requirement (If any) : From _____ to _____ for _____ persons

Signature of the Co-ordinator
Approved

Signature of the Centre Director

Note : The Co-ordinator may please inform the office about any modification / cancellation of the program as soon as possible.