



अखिल भारतीय आयुर्विज्ञान संस्थान, नागपुर
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NAGPUR

(An Institution of National Importance under Ministry of Health & Family Welfare, GOI)

Address: Plot No.2, Sector-20, MIHAN, Nagpur-441108

ART & PHOTOGRAPHY SECTION

अधिष्ठाता कार्यालय / OFFICE OF THE DEAN



Date:

REQUISITION FORM

Requisition For: - Photography

(To be submitted 3 day prior to be event)

Client Department Information

Name of Department: -----

Name of Faculty: -----

Designation of Faculty: -----

E-mail ID: -----

Phone No. of concerned faculty: -----

Photography Section Information

Date of Session: -----

Location of Session: - -----

Approx. no. of People: -----

Type of Session: -

- Inauguration
- Workshop
- Seminar
- Conference
- Clinical Photography
- Others

Title of Session: - -----

Timing of Session: -

- Day/Night
- Time: From -----to-----

Requirement: - Soft Copy
Hard Copy (upon payment)

HOD Name, Sign & stamp

Submitted to Office of the Dean (Academics)

Date: - _____

Sign: - _____