REQUEST FOR VIDEO CONFERENCING REQUEST FORM

TO: HEAD, CITM

A. REQUESTOR CONTACT INFORMATION

Initiated by Name: ___________________________ Signature with Date: __________

Department/ School/Centre/Section/Unit: ________________________________

Designation: ___________________________ Mobile Number: __________________

Official Email Id, ______________________________________________________

B. EVENT INFORMATION

Event Name: ___________________________ Event Date: __________

Begin Time (HH/MM): _______ AM/PM End Time (HH/MM): _______ AM/PM

How Many Attendees _______ How Many Presenters _______

(Note: Kindly inform us 2 days before the Event.)

C. VIDEO CONFERENCING INFORMATION (Required):

FAR-END Contact Name: __________________________________________________

Department: ___________________________ Mobile Number: __________________

Official Email Id: ______________________________________________________

IP Address: ____________________________________________________________

Forwarded and Recommended to HCITM

SIGNATURE OF HEAD
(Head of Department School/Centre/Section/Unit)

Note:

1. Please submit this form through THAPAR Online Support System https://eticket.thapar.edu
2. Now, Open an eTicket under the help topic of “Video Conferencing Support”.
3. No need to submit hard copy of this form in CITM.