

Request for opening of Buildings on Saturday/ Sunday/ Holidays/ After 6:30 pm

Name of the Building	:
Room Nos.(if any)	:
Date	:
Opening Time	:
Closing Time	:
Responsible person for Opening &Closing of the Building	:
Mobile / Contact Nos.	:
Reasons / Justification	:

Signature of the Officer / Applicant

Section Head

For the use of Office of the Registrar

Approved / Not Approved

Registrar

To: Estate Section Concerned Person