#### DEPARTMENT OF MUSEUMS AND ZOOS MUSEUM AUDITORIUM BOOKING APPLICATION FORM

(Effective from 01/04/2025)

# **1. Applicant Details**

- Name of the Organization/Individual:
- Type (Institution/Society/Individual):
- Authorized Contact Person:
- Designation:
- Address for Communication:
- Phone Number: \_\_\_\_\_\_
- Email ID: \_\_\_\_\_

# 2. Event Details

• Title of the Program:

•	Nature of the Program:
	□ Cultural Event □ Seminar/Conference □ Literary Event □ Art/Science
	Exhibition
	□ Official Program □ Entertainment with Ticket/Pass □ Entertainment without
	Ticket
	□ Audio-Visual Release □ Other (specify):
•	Date(s) of Use:

- **Time Slot Requested**: □ Full Day (10 AM – 5 PM) □ 9 AM – 1 PM □ 3 PM – 9 PM □ 10 AM – 7 PM (Exhibition)
- Dates Requested:
- Expected Number of Participants:
- Will the event include use of loudspeakers/audio systems?
  □ Yes □ No
- Will you be displaying banners/posters?
  □ Yes □ No If yes, approval required

Will any technical equipment be installed?
 □ Yes □ No (If yes, provide details and obtain prior permission)

### 3. Facilities Required

□ AC Auditorium
 □ Non-AC Auditorium
 □ LED Display
 □ Public Address System
 □ Operating Staff for PA System

## 4. Attachments (Mandatory)

Please ensure the following documents are attached with this application: □ Program schedule/brief description of the event

# **5. Declaration by Applicant**

I hereby declare that the information furnished above is true to the best of my knowledge. I agree to abide by the terms and conditions prescribed by the Department of Museums and Zoos. I understand that any violation of the rules may lead to cancellation of the booking without refund.

\_\_\_\_\_

Date: \_\_\_\_\_

Place:

Signature of the Applicant:

Seal (if applicable)

## For Office Use Only

- **Booking Approved**:  $\Box$  Yes  $\Box$  No
- Date(s) Allotted: \_\_\_\_\_\_
- Time Slot: \_
- Total Rent (₹): \_\_\_\_\_
- Security Deposit (₹): \_\_\_\_\_

**Remarks**:

Authorized Officer's Name & Signature:

Date: \_\_\_\_\_