



ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY, U.P., LUCKNOW

Application for Allotment of Convention Centre of

Atal Bihari Vajpayee Medical University, UP, Lucknow

1. Name and Address of Applicant _____

E Mail: _____ Mobile Number: _____

2. Purpose of Request for Allotment: _____

3. Dates and time for which space is required: From _____

_____ To _____

4. Purpose for Reserving the space: _____

5. Space required for booking _____

Declaration: I declare that I have read and understood all rules and regulations and the fee structure for booking and use of Auditorium premises and other facilities and I agree to abide by the same.

Date:

Signature of Applicant: _____

(With stamp as applicable)

Place:

Designation &

Address of applicant: _____

Mobile No. _____

Please give details of bank account where the security is to be refunded:

A/c Number: _____ IFSC Code: _____

Bank Name and Branch _____

GST No: _____ PAN No _____

Attach a cancelled cheque copy also.