

Dept of Electronics and Information Technology

NIC-KRISHNAGIRI

Video Conferencing Request form

Dept Name :

Section Name :

Office Name :

Head of Office :

Date :

Time :

Duration :

Purpose :

Sl. No.	Participants Name	Designation	Mobile No.
1			
2			

Signature of

NIC Officer

Head of Office

Signature with seal

(All above columns must be filled)