

# Consultancy and Extension Services

Date:

## APPLICATION FORM FOR LRC RELATED SERVICES

Name of the Applicant			
Name of supervisor/ Project Head			
Name of Institution/ Industry			
Address			
Contact No.			
Email address			
Facility to be used			
Duration of Studio to be used (in Hours)	Duration of e-classroom to be used (in Hours)	Duration of edit console to be used (in Hours)	
Brief Description of the Purpose of Requirement		Date	Time

### PAYMENT DETAILS

Amount paid	Mode of Payment	Transaction Number	Date of transaction

Signature of the applicant with date

### FOR OFFICE USE ONLY

Accounts Section			
Verified / Not Verified (Payment Received)		Remarks, if any	
Dealing Assistant		FIC Accounts	

### SLOT ALLOTMENT DETAILS

Date	Time	Signature of the Operator/Supervisor	Signature of the In-Charge / HoD	Remarks

**N.B- Please bring an External Hard Drive for final output**

Countersigned by: Dealing Assistant  
(C&ES)

Co-Nodal Officer  
(C&ES)

Nodal Officer  
(C&ES)