

**BIRLA INSTITUTE OF TECHNOLOGY
MESRA, RANCHI**

Form: CR-1

Date: / /20

Classroom Engagement Request Form

Name of the Faculty/Staff:	Designation:
Department:	Mobile No.:
E-mail Address:	
Nature of Work: (please specify)	
Location & Classroom No.	
<div style="border: 2px solid black; padding: 10px; transform: rotate(-15deg); display: inline-block;">REQUEST RECEIVED FROM</div>	
Anticipated Time & Date:	(Signature)

Academic Programme Office Use Only	
Duty Assigned to	
Date & Time	
<div style="border: 2px solid black; padding: 10px; transform: rotate(-15deg); display: inline-block;">ASSIGNED TO</div>	
Asst. Registrar (AP)	Dean (PGS)/Dean(UGS)

N.B. Requisition slip to be sent to the Academic Programme Office for classroom engagement