

HOMI BHABHA CENTRE FOR SCIENCE EDUCATION

Programme Intimation Form

1. Name of the Programme :

2. Period : From _____ To _____

3. Name of the Co-ordinator :

Name of the Contact person at HBCSE:

4. Name(s) of Resource Person(s) :

5. Name(s) of support staff :

6. Expected number of persons who will attend: (M) _____

(F) _____

Total:-

7. Venue of the Programme :

8. Facilities required :

a) Lecture Room(s) :

b) Slide Projector / OHP/LCDP/ Microphone / Laptop / Video Recording :
(Please tick the items that are required and give necessary details)

c) Guest House / Hostel :

Number of Flatlets :

Number of AC Rooms :

Number of Non-AC Rooms :

(Please specify single / shared)

d) Canteen (Please tick the items that are required and give necessary details) :

Breakfast :

Morning Tea / Coffee / Snacks :

Lunch :

Evening Tea / Coffee / Snacks :

Dinner :

e) Vehicle and Transport requirement (give necessary details) :

f) Any other requirement :

g) Billing for :

Lecture Room(s) :

Hostel :

Canteen :

Transport :

Remarks:

Signature of the Co-ordinator

Approved

Signature of the Centre Director

Note 1: The Co-ordinator may please inform the office about any modification / cancellation of the programme as soon as possible.

Note 2: