

लक्ष्मीबाई राष्ट्रीय शारीरिक शिक्षा संस्थान, ग्वालियर

विश्वविद्यालय मानी गई संस्था

भारत सरकार, युवा कार्यक्रम और खेल मंत्रालय

Lakshmibai National Institute of Physical Education, Gwalior

Deemed to be University

Government of India, Ministry of Youth Affairs and Sports

**APPLICATION FORM SEEKING BOOKING OF FACILITIES (AUDITORIUM ETC.)****PART – I**

(To be filled in by the applicant)

1.	Name of the applicant (individual/organization) (in CAPITAL letters)	
2.	Particulars of the facility sought (Auditorium, grounds etc.)	
3.	Date(s) and time of required facility.	Date Time FromAM/PM ToAM/PM
4.	Purpose of required facility.	
5.	Nature of proposed event/program. (Political and religious programs are not allowed)	Commercial / Non-commercial / Personal
6.	Details of tickets/entry fee levied for event/program	
7.	Number of persons expected to be in the campus during use of required facility.	
8.	Any other information.	

DECLARATION

I/we hereby declare that

- The information furnished above is true and correct to the best of our/my knowledge and nothing is concealed therefrom.
- This application is made bona fide, only for the purposes mentioned in this application.
- I am aware that the amount once deposited on account of this reservation is non-refundable.
- We will abide by the rules of the Institute governing such reservations.
- The parking of vehicles will be ensured at the designated place only.
- We undertake to use the reserved facility / accommodation in a proper and dignified manner and there shall not be any prohibited activity in any manner whatsoever and upon finding the same, the Institute is free to take any appropriate action against the applicant.
- (Applicable for Auditorium only) - We are aware that there is security deposit of Rs. 5,000/- for the Auditorium reservation, which is refundable on satisfaction of the Institute that (a) no violation of conditions is done, (b) no eatables were used inside the Auditorium, and (c) there is no damage/loss to the property of the Institute.

Date: _____

Place: _____

Signature: _____

Name: _____

**PART – II
FOR OFFICE USE ONLY**

Approved on payment /Not approved.

Registrar**Vice Chancellor**

SHAKTI NAGAR, MELA ROAD, GWALIOR – 474002, Ph. (O) 4000902, 4000917

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