

Sri Devaraj Urs Educational Trust (R.)

R. L. JALAPPA INSTITUTE OF TECHNOLOGY





EVENT/PROGRAM VIDEO SHOOT REQUEST FORM

Name of the Requester	
Designation	
Department	
Date	
Time	
Program /Event NAME	
Duration of the Program	
Venue	
Contact Number	

Signature of Requester

Signature of the HOD

Approval by Principal

Note:

*Request should be made at least one day before the program.