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Aldo Castellany Auditorium MRI Reservation Application

Event details:

Name of the event:……

Full name of the event organizer:……

Organization / Institution name:……..

Please specify whether it is a Government / Non-government organization/ institution:

Please specify whether it is under the Ministry of health or not:

Required date or dates with specific time period :(Please verify whether it is vacant)

Date/dates	Time from -to	Duration in hours

Contact details of the person/ party that the reservation is done:

Contact telephone numbers: Land: …… Mobile: ……

Contact postal address: ……

……

Contact email address: ……..

I hereby state that all the above details are true and correct and I am well aware of the rules and regulations pertaining this booking.

……

Name, date and Signature with the rubber stamp(if availabale)