

Format I - Guest Faculty Requisition

Program _____

Course _____

Faculty/Placement Manager: _____

Year _____ Term _____

Day: _____ Date _____ Time _____ Room No. _

Details of the Speaker

Topic _____

Name _____

Designation _____

Organization Name _____

Address _____

Landline Number: _____ Email _____

Mobile Number _____

Honorarium:

Rupees (Rs IILM) ☐ ✓

Memento ☐

Approvals:

Faculty/Placement Manager Area Chair/Vertical Head Guest Lecture Coordinator