GENERAL REQUEST FORM FOR PROGRAMS AND EVENTS

From , Date :

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To,

The Principal ,

MSTM Arts and Science College , Perinthalmanna

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| --- | --- | --- | --- |
| **Name of Department** | **Name of the Programe** | **Date** | **Time** |
|  |  |  |  |

Venue :

Resource person ( if any ) :

Associating clubs/ Departments (if any)

Sanctioning Details :

 Signature

|  |  |
| --- | --- |
| Approved  | Not Approved  |