

**Norms for utilization of IGNC A galleries, auditorium and internal/
external premises etc. by outside agencies/personnel**

APPLICATION FORM FOR BOOKING

Name of the Artist / Organisation _____
Title of the Programme _____
Associated activities proposed to be held 1. _____
2. _____
3. _____

Booking required :

From _____ To _____

Contact Person _____

Tel. No. _____ Fax No. _____ email

Payment Details :

DD/Cheque NO. _____ dated _____ for Rs.

Note: Information about the nature of the exhibition, contents of the exhibits, details of the associated activities proposed to be held are to be enclosed in separate sheets with the application form.