



**Requisition form for allotment of Sound Studio**

Dated:.....

To,

Respected Madam/Sir,

We the students of Deviprasad Goenka Management College of Media Studies would like to avail the Sound Studio facility.  
The details are as follows:

Sr. no.	Name of the student	Class/Div/Roll. No.	Phone no.	Email	Sign
1					
2					
3					
4					
5					

Additional Information: \_\_\_\_\_

Date:..... Time: from.....to.....

Subject\_\_\_\_\_ Project assigned by\_\_\_\_\_ Date of Submission\_\_\_\_\_

1) Signature (Faculty-in-charge)\_\_\_\_\_

2) Signature (Principal/Program Coordinator / Registrar) \_\_\_\_\_

**Note:**

- All students must carry their ID card.
- Students must assure that there shall be no disturbance or damage of any kind inside the Studio.
- No data should be stored in the Studio machine
- Any data stored by the students will be deleted on a regular basis by the concerned department, kindly store and save your data in your drives/ pen drive, etc.
- Switch off the lights and AC after use to avoid unnecessary consumption of electricity.
- Make sure you arrange the chairs, etc. and keep the studio neat and clean
- Any students found misusing the facility (listening to song, downloading videos, using studio for their personal projects) will not be allowed to use this facility for any future college assignment/projects.

**Declaration**

We undertake the full responsibility in case of any damage or disturbance during our use of the Studio.

Sincerely, \_\_\_\_\_ (Full name, Signature & date)