

RSET's



Deviprasad Goenka Management College of Media Studies (DGMC)
RSET Campus, S. V. Road, Malad (w), Mumbai 400 064, Maharashtra, India

4.4.2 There are established systems and procedures for maintaining and utilizing physical, academic and support facilities - laboratory, library, sports complex, computers, classrooms etc.

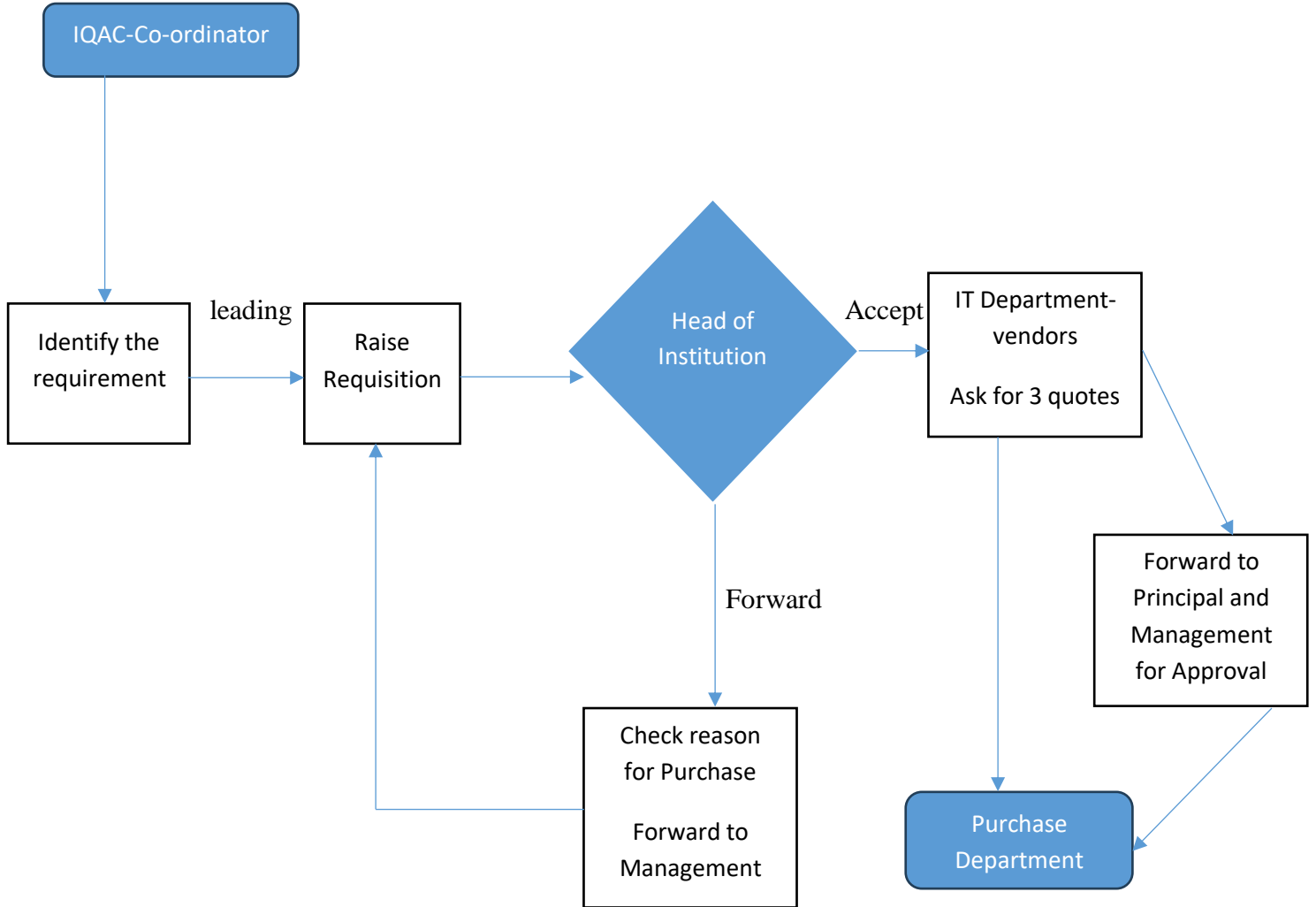
Supporting documents:

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Maintenance Workflow



Handwritten signature

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Library & Caution Money Deposit

Respected Sir / Madam,

I, Mr./Ms.....hereby request you to refund of Library and Caution Money Deposit which I had paid during the First Year admission vide- Receipt No..... datedin the class of FY Div..... Roll No.....

Yours faithfully,

.....
Signature of the Student

Please provide the following Bank details –

Name of the Bank:

Bank Saving A/c. No. :..... IFSC Code

Encl :

- 1] **Original Fees Receipt of Sem I, Sem III & Sem IV**
- 2] **Xerox copy of Bank Pass Book (1st Page) or Cancel Cheque xerox**

.....

Received application for refund of Library and Caution Money Deposit from:

..... of Class
FY Div.....Roll No..... Receipt No.....Date

Date :

Receiver's Signature

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Deviprasad Goenka Management College of Media Studies (DGMC)
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Requisition Form for PDSA Turf

Dated:

To,

Respected Madam/Sir,

We the students of Deviprasad Goenka Management College of Media Studies would like to avail the **PDSA Turf**.

The details are as follows:

Sr. no.	Name of the student	Class/Div/Roll. No.	Sr. no.	Name of the student	Class/Div/Roll. No.
1			11		
2			12		
3			13		
4			14		
5			15		
6			16		
7			17		
8			18		
9			19		
10			20		

Additional Information: _____

Date: _____ Time: from _____ to _____

Turf A / B / C: _____ Sport Played: _____

- 1) Name & Signature (Faculty-in-charge): _____
- 2) Signature (Principal/Program Coordinator / Registrar) _____

Note:

- a) All students must carry their ID card.
- b) Students must ensure that there shall be no disturbance or damage of the turf.
- b) Maintain Decorum: No unruly behavior or screaming will be tolerated
- d) Any students found misusing the facility (listening to music, Video shooting or using the turf for their personal projects) will not be allowed to use this facility in future.

Declaration

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

Sincerely, _____ (Full name, Signature & date and Mobile number)

DAY AND TIME ALLOTTED FOR THE TURF

TURF	DAY	TIMINGS
C	MONDAY	1PM TO 2PM
B	TUESDAY	10AM TO 12NOON
C	THURSDAY	12NOON TO 1PM
C	FRIDAY	8AM TO 10AM
B	SATURDAY	10AM TO 12NOON
C	SATURDAY	1PM TO 2PM

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Deviprasad Goenka
management college of media studies
INDIA'S PREMIER MEDIA SCHOOL

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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) Name & 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)

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Requisition Form for Allotment of IMac LAB

Dated

To,

Respected Madam/Sir,

We the students of Deviprasad Goenka Management College of Media Studies would like to avail the Computer 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					

Computer no.	Project name	Allotted by
1		
2		
3		
4		
5		

Date _____ Time: from _____ to _____

Subject: _____ Project assigned by: _____

Date of Submission: _____

1) Name & Signature (Faculty-in-charge): _____

2) Signature (Principal/Program Coordinator / Registrar): _____

Note:

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

Declaration

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

Sincerely, _____ (Full name, Signature & date)

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Requisition form for allotment of 7th Floor Studio

Date:

To,

Respected Madam/Sir,

We the students of Deviprasad Goenka Management College of Media Studies would like to avail the Studio facility.

The details are as follows:

Sr. no.	Name of the student	Class/Div/Roll.	Phone no.	Email
1				
2				
3				
4				
5				
6				

Additional Information:

Date: _____ Time: from _____ to _____

Subject: _____ Project assigned by _____

Date of Submission: _____

- 1) Name & Signature (Faculty-in-charge): _____
- 2) Signature (Principal/Program Coordinator / Registrar) _____

Note:

- i. All students must carry their ID card.
- ii. Students must assure that there shall be no disturbance or damage of any kind inside the Studio.
- iii. No data should be stored in the Studio machine
- iv. 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.
- v. Switch off the lights and AC after use to avoid unnecessary consumption of electricity.
- vi. Make sure you arrange the chairs, etc. and keep the studio neat and clean
- vii. 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)




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Library Card

 Rajasthani Sammelan's
Deviprasad Goenka
management college of media studies
INDIA'S PREMIER MEDIA SCHOOL

NOTE :

1. This card is not transferable and must be produced whenever demanded.
2. One book will be issued at a time against the card for home reading.
3. In the event of its lost the holder of the card must intimate the librarian immediately.
4. Borrower will be required either to replace the book or pay double cost, if lost or damaged.
5. The original HOLDER IS RESPONSIBLE for the book taken on this card.

LIBRARY CARD
20 - 20

No.

Name: _____

Course: _____ Year: _____

Roll No.: _____ Signature: _____

Address: _____

Tel./Cell No: _____

Date of Expiry: _____

Librarian: _____

Reader's Ticket

READER'S TICKET **LIBRARY CARD**

Rajasthani Sammelan's
Deviprasad Goenka
management college of media studies
INDIA'S PREMIER MEDIA SCHOOL

R.S. Campus, S.V. Road, Malad (West),
Mumbai - 400064, Maharashtra, India
Phone : +91(22)66812351
Web : www.dgmcms.org.in

Name: _____

Address: _____

Tel.: _____ Year: _____

Course: _____ Roll No.: _____

Librarian's Signature _____ Students's Signature _____





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RSET Campus, S. V. Road, Malad (W), Mumbai 400 064, Maharashtra, India

Book Bank Application form

To
The Registrar,
DGMC
Malad, Mumbai – 400064

Subject: Application for Book Bank Service

Dear Sir / Madam,

I, _____ Student of BMMC _____

Studying in Deviprasad Goenka Management College of Media Studies, request you to provide the Book

Bank facility from the library as my financial conditions are not so good and my family income is below

Rs. _____

Kindly, accept my application and do the needful.

Thanking You,

Yours Faithfully,

Name:

Roll No:

Class:

Enclosure:

