



Request Form for Access to Academic Buildings during Holidays

Section A – Faculty Details

| Field | Details |
|-----------------|---------|
| Name of Faculty | |
| Designation | |
| Department | |
| Mobile Number | |
| Email ID | |

Section B – Access Request Details

| Field | Details |
|---------------------------------------|---------|
| Date(s) of Requested Access | |
| Time (From – To) | |
| Location/Building Name | |
| Room/Laboratory Name & Number | |
| Purpose of Visit | |
| Names of Students/Assistants (if any) | |

Section C – Undertaking by the Faculty

Declaration

I hereby declare that:

- I will strictly follow all safety, security, and discipline regulations applicable to the room/laboratory.
- I will not allow any unauthorized persons to enter the room/laboratory during my stay.
- I will properly close, lock, and secure the room/laboratory after completing my work.

Date:

Signature of the faculty

Section D – Recommendation by HoD

| Date | Remarks | Signature |
|------|---------|-----------|
| | | |

Section E – Approval by Director – Campus Safety

| Approval | Date | Signature |
|---|------|-----------|
| <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved | | |