

HECTOR KOBBEKADUWA AGRARIAN RESEARCH AND TRAINING INSTITUTE

APPLICATION FOR RESERVATION OF HALL FACILITIES

1. **Name of the Applicant** :
(Mr./ Mrs./ Miss) / Organization
2. **Designation** :
3. **Official Address** :
4. **Private Address** :
5. **NIC No.** :
6. **Telephone No.** : **Fax :** **E-mail :**
7. **Title of the programme** :
(in block letters)

• **Details of hall facilities required:**

Date	Time		Halls/ Rooms required	Number of Participants
	From	To		

• **Please give the following particulars regarding the programme**

- Names of speakers and distinguished guests:

(Attach copy of programme if available. if not, it should be submitted at least one week before date of programme)

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- Other participants: (state category)

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- If there are any foreign nationals among participants has clearance been obtained from the Ministry of Foreign Affairs (please attach photo copy of letters).

• **Does the programme include, besides speeches and discussions, any activities/ arrangements such as :**

- | | | |
|------------------------------|---------|---|
| • Drumming / Dancing | yes/no* | (If any of these items are required you are requested to discuss the arrangements with the management.) |
| • Decorations | yes/no | |
| • Exhibitions | yes/no | |
| • Sales | yes/no | |
| • Assembling at the entrance | yes/no | |
| • Displaying of banners etc | yes/no | |

(Outside or inside Auditorium, Conference hall etc.)

* Delete what is not necessary

- **Details of equipment required on hire:**

Items	Date	Time (From - To)
LCD Projector		
Wi-Fi		
Recording		
Oil Lamp		
Photographs		
Flip charts		

- **Requirement of meals/ Snacks for the participants:**
(Please see paras 10 to 14 of terms and conditions)

Date	Time From To	Whether Meals/ Snacks	For How Many

(Once the reservation is accepted, an order should be placed with the Institute's Caterer for necessary meals/snacks. The caterer will issue an acknowledgement of order with items and prices.)

- **Names and telephone numbers of the officers who would be responsible for the observance of the terms and conditions/ contacted in connection with the reservation.**

1. 2.
Tel. No. Tel. No.

I have received a copy of the terms and conditions relating to using the Auditorium/ Conference Room/ Lecture Hall/ Committee Hall. I agree to abide by them.

Name of the payer: Signature:
(Individual / Institute / Organization)

Designation: Date:
(Please affix official stamp)

For office use only

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