

HB Singh Committee Room Requisition Slip

Division/ Section

1. Name and Designation of officer/ staff intending to use.
2. No of the participants
3. Date when required
4. Mode of meeting online/ offline/ hybrid
5. Purpose
6. Approximant time required

Certified that the HBSCR is required for official Purpose

.....
Signature of the user

.....
Signature of the HOD

HBSCR available /not available

Remarks:

Approved/ Not Approved

(Director, ICAR-NBPGR)

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