



DESIGNING REQUIREMENT FORM

JOB No. _____
To be filled by Designing Department

Name of the Faculty

Whether Design Proposal Attached

YES

NO

Name of the Department

Date of Event

Designing of (type)

1. _____

2. _____

3. _____

Name of the Coordinator

Contact No. of the Coordinator

Size

Qty.

1.

M.:

Entn. No.

2.

E-mail of the Coordinator

3.

Design submitted on _____
(Date & Time)

Date on which required
(Date & Time)

ESSENTIAL GUIDELINES

- **BOOKING OF SERVICE** : Signed form and required timings are required to reserve the dates and times of the Faculty event for designing of the Stationery, Registers, Banners, etc. If the event is rescheduled, postponed, or cancelled, kindly intimate to the Designer immediately.
- **EVENT SCHEDULE** : The faculty shall confirm the schedule **MINIMUM FIFTEEN DAYS PRIOR TO THE DATE OF REQUIREMENT**. Confirmation of receipt must be obtained from the designer.

Signature of the HOD/Dean

Approved by Dy. Registrar

HOD Designing

Date : _____

Date : _____

Date : _____

Assigned to : _____

2nd Proof given on : _____ Time _____

Assign date _____ Time _____

3rd Proof given on : _____ Time _____

1st Proof given on : _____ Time _____

Sent for printing : _____ Time _____

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Signature of Designer