



## 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)

Name of the Coordinator

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Contact No. of the Coordinator

Size

Qty.

M.:

Entn. No.

1.

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 \_\_\_\_\_

Designing Dept. A 308, Third floor, A Block | [designer@sgtuniversity.org](mailto:designer@sgtuniversity.org)  
[ranbir\\_creative\\_s\\_tuniverity.org](mailto:ranbir_creative_s_tuniverity.org) | M.: +91-8527090227 | Entn. No. 6171

Signature of Designer