

## **GANDHINAGAR ELECTRONICS ZONE INDUSTRIES ASSOCIATION (GEZIA)**

B-23/2/1&2, GIDC Electronics Estate, Sector-25, Gandhinagar – 382028.
Tel. 079-23287130, e-mail No.: <a href="mailto:geziaonline@gmail.com">geziaonline@gmail.com</a>, website: <a href="mailto:www.geziaonline.org">www.geziaonline.org</a>

## **Auditorium and Conference Hall Booking Form**

Application Reference	Auditorium Hall							Con	fere	erence Hall						
Contact Name:    Mobile No.	Application Reference			Online	)		Offline		App	olication	Date					
Designation:  Office Tel No.:  Office Tel No.:  Office Tel No.:  Description  Plot No.  Purpose of Use with Details with Agenda (if required)  Total No. of Person  Description  Total No. of Person  Description  De	Name of Company/															
Office Tel No.:  GEZIA Member?  Flot No.  Purpose of Use with Details with Agenda (if required)  Total No. of Person  Facility required  Facility required  Facility required  Details of Deposit Rs.  Cash Receipt No.  Chq./ DD Cheque No.  Chq./ DD Cheque No.  Online Transaction ID No.  Date  Facility By  Chers (if any)  Others (if any)  Date  Web site:  No. Address 1  Required Date  Facility Required Date  Facility required  Sound System  Required Date  Facility required  Sound System  Computerize Rolling System  Computerize Rolling System  Facility Required Date  Formula Details Of Deposit  Deressing Room  Verified By  Date  Date  Date  Verified By  Date  Date  Application Date  Details of Deposit  Name of Bank  No. of Person Attended  Actual Uses Charges  Damage charges  Damage charges  Tax @ %  Others (if any)  Date:  Sign:  Date:  Date:  Date:  Date:  Date:  Address 1  Address 2   Total Hours  Computerize Rolling System  Total Hours  Required Date Into Into Into Into Into Into Into Into	Contact Name:					Mobile	Mobile No.									
GEZIA Member? Yes No Address 1 Plot No. Purpose of Use with Details with Agenda (if required) Total No. of Person  Facility required  Sound System  Podium  Details of Deposit Rs.  Cash	Designation:					e-mail N	e-mail No.									
Plot No.   Address 2   Purpose of Use with Details with Agenda (if required)   Total No. of Person   Required Date   Computerize Rolling System   Details of Deposit Rs.   In words:   Details of Deposit Rs.   Cash Receipt No.   Receipt No.   Chq./ DD Cheque No.   Online Transaction ID No.   Any Parts/ Materials Damage found   Yes   No Actual Use Hours   Date   Date	Office Tel No.:				web sit	web site:										
Purpose of Use with Details with Agenda (if required)  Total No. of Person    Sound System	GEZIA Member?			Yes No			Address 1									
Agenda (if required)							Address	s 2								
Sound System   Computerize Rolling System   Podium   Dressing Room   LED for Presentation   RGB Port			ils with	1												
Podium   Dressing Room     LED for Presentation   RGB Port	Total No. of Pe	rson				Requir	ed Date	d Date				tal F	lours			
LED for Presentation   RGB Port				So	ound S					Computerize Rolling System						
Terms & Condition:  1. P.T.O. 2. Please sign to accept all Terms & Conditions.  Applicant By  Date  Office Use Only  Application No.  Deposit Rs.  Cash Receipt No.  Chq./ DD Cheque No.  Online Transaction ID No.  Date Office Executive No. of Person Attended  Account Office Frevious dues of GEZIA charges  Damage charges  Date:  Mr.  Sign:  Date:  Mr.  Sign:  Date:  Others (if any)	Facility required			Po	dium			Dress				om				
1. P.T.O. 2. Please sign to accept all Terms & Conditions.  Applicant By  Date  Office Use Only  Application No.  Application Date  Details of Deposit  Deposit Rs.  Cash Receipt No.  Chq./ DD Cheque No.  Online Transaction ID No.  Name of Bank  Date of Use  Any Parts/ Materials Damage found  Actual Use Hours  No. of Person Attended  Actual Uses Charges  Previous dues of GEZIA charges  Damage charges  Tax @ %  Others (if any)  Others (if any)  Date  Verified By  Date  Verified By  Date  Application Date  Office Executive Sign  Account Officer  Mr.  Sign: Date:  Date:				LE	D for I	Presenta	tion			RGB Po	rt					
2. Please sign to accept all Terms & Conditions.  Applicant By  Date  Office Use Only  Application No.  Application Date  Details of Deposit  Deposit Rs.  Cash Receipt No.  Chq/ DD Cheque No.  Online Transaction ID No.  Date of Use  Any Parts/ Materials Damage found  Actual Use Hours  No. of Person Attended  Actual Uses Charges  Previous dues of GEZIA charges  Damage charges  Tax @ %  Others (if any)  Others (if any)  Date  Verified By  Date  Application Date   Application Date   Application Date   Application Date    Details of Deposit   Name of Bank  Name of Bank  Name of Bank  Date:  No. Office Executive  Sign  Account Officer  Mr.  Sign: Date:  Date:  Date:		ition:														
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Application No.  Details of Deposit  Deposit Rs.  In words:  Cash Receipt No.  Chq,/ DD Cheque No.  Online Transaction ID No.  Date of Use  Actual Use Hours  No. of Person Attended  Actual Uses Charges  Previous dues of GEZIA charges  Damage charges  Tax @ %  Others (if any)  Others (if any)  Application Date  Details of Deposit  Name of Bank  Name of Bank  Name of Bank  Any Parts/ Materials Damage found  Yes No  No  Account Officer  Mr.  Sign:  Date:																
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Actual Uses Charges Previous dues of GEZIA charges Damage charges Tax @% Others (if any)  Account Officer  Mr												D	ate:			
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Treasurer Admin Committee (Chairman) Secretary	Treasurer			Admin Committee (Chairman)						Secretary						
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Sign: Sign: Sign:				Sign:												
Date: Date:				_												