



Booking of Halls & Auditorium

FIT
INDIA

Hall Name*	<input type="checkbox"/> Gandhi Smruti Bhavan. <input type="checkbox"/> Sardar patel Smruti Bhavan. <input checked="" type="checkbox"/> Sanjeev kumar Auditorium. <input type="checkbox"/> Swami Vivekanand Auditorium. <input type="checkbox"/> Performing Art Centre Auditorium.			
Program Type*	<input type="checkbox"/> Rehearsal रीहर्सल	<input type="checkbox"/> Religious meeting / Lectures Without Ticket धार्मिक मीटींग/ प्रवचन टिकट विना	<input type="checkbox"/> Religious meeting / Lectures With Ticket धार्मिक मीटींग/ प्रवचन टिकट साथे	<input type="checkbox"/> Arangetram / Sastriya Nrutya / Ras-Garba आरंभोत्सव/ शास्त्रीय नृत्य/ रास-गरबा
	<input type="checkbox"/> Natak नाटक	<input type="checkbox"/> Bhajan / Dayro भजन/ डायरो	<input type="checkbox"/> Kavi sammelan / Musayro / Kavvali कवि संमेलन/ मुशायरो/ कव्वाली	<input type="checkbox"/> Comedy Show / Magic Show कॉमेडी शो/ जादू
	<input checked="" type="checkbox"/> Filmy Geet Sangit / Sugam Geet Sangit / Orcestra /Karoke फिल्मी गीत-संगीत/ सुगम गीत-संगीत/ ओरकेस्ट्रा/ कराओके	<input type="checkbox"/> Seminar / Workshop / Business Meeting / Annual Meeting / Share Holder Meeting सेमिनार/ वर्कशोप/ बीजनेस मीटींग/ वार्षिक मीटींग/ शेअरहोल्डर मीटींग	<input type="checkbox"/> Dance Show / Boogie- Woogie /Belay Dance डान्स शो/ बुगी-बुगी/ बेली डान्स	<input type="checkbox"/> Samajik Sanskrutik Program / School Program(Meeting, Seminar, Cultural Program, Annual Function, Award Function) सामाजिक सांस्कृतिक कार्यक्रम/ शाळाकीय कार्यक्रम(मीटींग, सेमिनार, सांस्कृतिक कार्यक्रम, वार्षिक महोत्सव, छानाम वितरण)
Location of Applicant/ Organisor*	<input checked="" type="checkbox"/> Within SMC Limit <input type="checkbox"/> Outside SMC Limit			
Booking Date*	01/01/2022			
Session*	<input checked="" type="checkbox"/> 09:30 – 13:00 <input type="checkbox"/> 15:00 – 18:30 <input type="checkbox"/> 21:00 – 00:30			
Name of Organization/ Applicant*	S. kumar			
Responsible Person*	(Cheque/NEFT for refund od deposit if any will be issued in above name only)			
PAN*	ABCDE1234F			
TAN	-N.A.-			
Address For Communication*	SURAT (MENTION FULL ADDRESS)			
City*	SURAT			
State*	GUJARAT			
Email ID*	xxxxxx@xxx.xxx			
Phone No.*	1234567890			
Mobile Number*	1234567890			
Provide Bank Details for Refund Process (Submit Cancellation Cheque within 1 day at Concern Auditorium)				
Account Holder Name*	S. kumar			
Bank Account Number*	NAME SHOULD BE SAME AS PER NAME OF ORGANIZATION/APPLICANT			
MICR Code*	12345678901234			
IFSC Code*	123456789			
	ABC01234567			

Note: For booking within 7-30 days, the payment must be made in cash/D.D. only.

I have read and agree to abide by the Terms and condition

Sign
NAME & SIGNATURE