HAKEEM ABDUL HAMEED CENTRE FOR INFORMATION TECHNOLOGY
JAMIA HAMDARD
NEW DELHI – 110062

Event Completion Form

1. Name of the Department _____

2. School _____

3. Name of the Event _____

4. Date of the Event _____

5. Name of the Organizer _____

6. Venue of the Programme _____

Remark (if any)

_____

_____

_____

Name of Deputed Engineer _____

Name:

Signature:

Date: