**Request Form for CETMe Facilities**

1. Official Video and Photography Coverage of events
2. Academic activities and Promotional Video Production

Date: ………………………

Actg. Director/CETMe,

1. Programme Name :……………………………………………………………………………....…
2. Date of the event :………………………………………………………………………….………
3. Time period :……………………………………………………………………….…………
4. Venue :……………………………………………………….…………….….……….
5. Requirements : Photography Video Audio recording
6. Department Name :…………………………………………………………………………………
7. Faculty/Institute/Centre :…………………………………………………………………………………
8. Name of the responsible person: ………………………………………………………………………..
9. Contact Telephone Nos. : ………………………………………………………………………………..

**Note:** Request form should be submitted **two (02) weeks** before the event.

Recommended

…………………………………… ……………………………………..

Head of the Department Dean of the Faculty

 Received Date: ……………………

Recommended / Not Recommended

 ……………………………..………

 …………………………………… Dr. Sameera Tilakawardena (071-4300822)

 Director/CETMe (Academic Coordinator)

 ……………………………..……..

 Mr. Chandana Tennakoon (071-4406612)

 (Technical Coordinator)