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Phone: +91 2668 245262 / 64 / 66 Extn.2832, director.so@sumandeepvidyapeethdu.edu.in Website: www.sumandeepvidyapeethdu.edu.in

REQUISITION FOR PHOTOGRAPHY & VIDEOGRAPHY WORK

	Date:
Name of the Institution/department/section/cell requiring P	Photography/Videography work:
Name of the Coordinating person:	
Extn. Ph. No.: Mobile No.:	
Purpose of work (eg. Inspection/conference/workshop/semi	inar/workshop etc.)
Requirement of work type (please tick): Photography	Videography
Date/s of Requirement of photographer/videographer:	
Date of requirement of completed work:	<u> </u>
	Signature of HOI/HOD/HOS
FOR SYSTEMS & OPERATIONS DEPART	MENT USE
Remarks of Director, S&O:	

Signature