

BIRLA INSTITUTE OF TECHNOLOGY
MESRA, RANCHI

Form: F-1

Date: / /20

Faculty Meeting Appointment Form

Name of the Faculty:	Designation:
Department:	Mobile No.:
E-mail Address:	
Purpose of Meeting:	
<i>(please attach document, if any)</i>	
.....	
Anticipated Time & Date:	(Signature)

<u>For Office Use Only:</u>	
Approved	: Yes / No
Date & Time of Appointment :	
<i>(to be communicated to the faculty telephonically).</i>	
(Dean-AP)	