



CENTRAL UNIVERSITY OF HARYANA

Performa

for the approval of the Photography/Videography

1. Name of the Event.....
2. Whether Official: Yes..... No.....
3. Organizer.....Cell/Department/School
4. Date.....
5. Time.....(AM/PM)
6. Venue.....(Inside/Outside University)
7. Duration..... (In Minutes)
8. What kind of coverage is required (Tick Whichever is Applicable)
Photography.....Videography.....Both.....

Signature of the Organizer/Head/Dean

Registrar

Vice-Chancellor