**Applicants Department/Organisation**

**Applicant’s Email Contact:**

**Office Telephone no.:**

**Subject of VC event:**
(e.g. PhD thesis presentation)

**Nature of VC event: eg. Formal VC etc.**
(VC connection test before the formal event is highly recommended)

**City/country of VC counterpart:**
(e.g. New Delhi, India)

**Organization of VC counterpart:**
(e.g. University of Delhi)

**Schedule of VC event(s):**
(e.g. : 13-Jan-2012 14:00-15:00 IST)

**Venue:**
(e.g. DoICT Video conference room)

**Number of attendants:**

**Connection method:** (IDSN / INTERNET)

**Online document sharing if any:**
(e.g. Powerpoint slides)

**Is this your first time using ITSC’s VCS?**

**Any other Information**

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Date : ____________

Place : ____________

Seal & Signature of HOD

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…………………………………………… FOR OFFICIAL USE ONLY ………………………………………………………………………

Video conferencing allotted for ____________________________Deptt./Orgn.

On ____________ Time: ____________ IST

Sl. No VC ______ of ________

Chief Informatics Officer
Department of Information & Communication Technology

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