



ST PAULS INSTITUTE OF COMMUNICATION EDUCATION FOR WOMEN  
(Affiliated to the University of Mumbai)  
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## **APPLICATION FORM FOR THE USE OF STUDIO**

Appl. No. -----

Date: -----

To,  
The Principal  
St Pauls Institute of Communication Education for Women  
Bandra (West)  
Mumbai: 400 050.

### **Sub: Request for the use of Studio**

Sir/Madam,

I, Miss/Mr....., student of your college would like to request you to allow us to the use studio ,for the project (Name of the Project)

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Class: -----Roll No.:----- Contact No. -----

E-mail ID -----Address: -----

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Date of the use of studio: - -----

Duration: - -----

Staff In charge of the Project/Assignment -----

I \_\_\_\_\_ hereby claim total responsibility for the equipment kept in the studio. In case any lost, stolen, damage etc. of any equipment, I shall incur the cost for its replacement or repair.

Yours faithfully,

Student Signature

Faculty Signature

Staff Signature

Principal Signature

(Non-teaching)

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### **After the use of Studio**

Student Signature

Staff Signature (Non-teaching)