



NAAC ACCREDITED (1<sup>st</sup> CYCLE) GRADE 'B' (CGPA 2.49)  
ST PAULS MEDIA COMPLEX, 24 ROAD, TPS III, BANDRA (WEST), MUMBAI – 400050.  
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**APPLICATION FORM FOR THE USE OF STUDIO**

Date:

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) \_\_\_\_\_

Class: \_\_\_\_\_ Roll No.: \_\_\_\_\_ Contact No. \_\_\_\_\_

E-mail ID \_\_\_\_\_

Date of the use of studio: \_\_\_\_\_

Duration: \_\_\_\_\_

Staff In charge (NAME) \_\_\_\_\_

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

Faulty Signature

Staff Signature

Principal Signature

(Non-teaching)

**After the use of Studio**

Student Signature

Staff Signature (Non-teaching)