



**SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES AND  
TECHNOLOGY, TRIVANDRUM – 695011**

**REQUEST FOR ALLOTMENT OF TELEMEDICINE ROOM HOSPITAL**

Name & Designation of the applicant .....

Date and time requested for .....

Purpose in relation to Telemedicine .....

Software required for connectivity NKN/Skype/WebEx/ISRO/ Any other VC

Expected number of participants .....

Sanction may please be accorded for allotment for the date and time mentioned above. It is also undertaken that the terms and conditions given below will be strictly adhered to.

Date : ..... Signature of the applicant

Recommendation and Signature of the HOD .....

**Availability of the Telemedicine Room (To be checked with Computer Division):**

Available/Not available on .....

.....  
(Signature of the concerned in  
Telemedicine)

☐ APPROVED/ NOT APPROVED ☐

Date: ..... **Medical Superintendent**

**Terms & Conditions:**

- No outsiders shall be permitted to attend the meeting ordinarily.
- The organizers shall ensure that no food/tea served in the Room during the meeting.