

EDUCATIONAL MULTIMEDIA RESEARCH CENTRE

University of Kashmir
Srinagar



Studio Requisition Form

Name of Producer/Production Assistant : _____ Date of Requisition: _____

S. No.	Dated	From	To	No. of Recordings	Purpose
1.					
2.					
3.					
4.					

Additional Requirement, If any: _____

Signature
Producer/Production Assistant

Signature
Studio Incharge

Feedback:

S. No.	Status of Recordings		
	Name of Cameraman	Status	Remarks by Producer/ Prod. Asstt.
1 of Above			
2 of Above			
3 of Above			
4 of Above			

Note:

1. *Studio shall be ready 15 minutes before the Recording Time, In case of delay from the expert, the studio staff must be informed immediately.*
2. *No eatables are allowed inside the Studio/PCR.*
3. *Lunch Break: 1:15 p.m. to 2.00 p.m.*