



ESTATE DEPARTMENT  
GUJARAT UNIVERSITY  
ગુજરાત યુનિવર્સિટી

DATE:- \_\_\_/\_\_\_/20\_\_\_

## Application form for university campusgarden

1. Name (Location) of garden:- \_\_\_\_\_

2. Require Date :- From \_\_\_\_\_ To \_\_\_\_\_

Total Days:- \_\_\_\_\_

3. Hours (Time ) :- From \_\_\_\_\_ (am/pm) To \_\_\_\_\_ (am/pm)

4. Details of function:- \_\_\_\_\_  
\_\_\_\_\_

5. Name of Department/ Person :- \_\_\_\_\_

6. Name of Director/ HOD:- \_\_\_\_\_

7. Contact No.:- \_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
Garden Supervisor/Uni Engineer

\_\_\_\_\_  
Registrar

\_\_\_\_\_  
Vice chancellor

(After filling all details submit form to the Estate Department Gujarat University)