



अखिल भारतीय आयुर्विज्ञान संस्थान नागपुर  
**ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NAGPUR**

Plot No. 02, Sector 20, MIHAN, Nagpur – 441108

[www.aiimsnagpur.edu.in](http://www.aiimsnagpur.edu.in)

art.photography@aiimsnagpur.edu.in

**REQUISITION FROM**

**Requisition For :- Photography**

**( To be submitted 3 day prior to be event )**

**Client Department Information**

Name of Department: -----

Designation Faculty: -----

E-mail ID:-----

Phone No. of concerned faculty: -----

**Photography Section Information**

Date of Session: -----

Location of Session: - -----

Approx. no. of People: -----

**Type of Session:-**

- Inauguration
- Workshop
- Seminar
- Conference
- Clinical Photography
- Others

**Timing of Session:-**

- Day/Night
- Time : From -----to-----

**Requirement: -** Soft Copy  
Hard Copy (upon payment)

HOD Name and Sing

**Submitted to Off In-Charge Photography Section**

**Sing:-** -----

**Date:**-----