



# **MITS RADIO 90.8 MHz COMMUNITY RADIO STATION**

**MADANAPALLE INSTITUTE OF TECHNOLOGY & SCIENCE  
MADANAPALLE – 517325, ANDRA PRADESH**



## **FACULTY VOLUNTEER PARTICIPATION FORM FOR RADIO STATION PROGRAMS**

**Note:** This form is to be completed by the faculty member who volunteers to participate in radio station programs. The information provided will be used to record participation and for program evaluation purposes.

### **FACULTY INFORMATION:**

**Full Name** : \_\_\_\_\_  
**Employee ID** : \_\_\_\_\_  
**Department** : \_\_\_\_\_  
**Position/Title** : \_\_\_\_\_  
**Contact Number** : \_\_\_\_\_  
**Email Address** : \_\_\_\_\_

### **RADIO STATION VOLUNTEER PROGRAM DETAILS:**

**Program Name** : \_\_\_\_\_  
**Date(s) of Participation** : \_\_\_\_\_  
**In Time** : \_\_\_\_\_  
**Out Time** : \_\_\_\_\_  
**Program Type** : \_\_\_\_\_

**[Radio Announcer / Radio Jockey(RJ) /Guest Speaker/ Other (Specify)]**



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## DECLARATION AND CONSENT:

I, \_\_\_\_\_ [Faculty's Full Name], hereby declare that I have voluntarily participated in the radio station program mentioned above. I confirm that the information provided is accurate and true to the best of my knowledge.

I understand that my participation in the radio station program will be recorded for program evaluation purposes. I hereby give my consent to the institution to collect, process, and store my personal and participation-related data for program evaluation and reporting purposes.

I acknowledge that my participation may involve on-air performances, recordings, and interactions with the audience. I will conduct myself professionally and adhere to the guidelines and instructions provided by the radio station's staff.

I understand that my participation and program details will be recorded and maintained by the institution and the radio station for program evaluation purposes.

I release and discharge the institution, its management, employees, and representatives from any liability or claims arising from my voluntary participation in the radio station program.

By signing below, I agree to the terms and conditions stated above.

**Faculty's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## RADIO STATION REPRESENTATIVE'S ACKNOWLEDGEMENT:

I, \_\_\_\_\_ [Radio Station Representative's Full Name], acknowledge that I have reviewed the information provided by the faculty member and verified their participation in the radio station program mentioned above.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## INSTRUCTIONS FOR SUBMISSION:

1. Complete all sections of this form accurately.
2. Obtain the signature of the faculty member.
3. Submit the completed form to the department for recording and verification purposes.

**Note:** This form serves as a record of participation. The radio station will maintain records for program evaluation purposes.