



KHYBER MEDICAL UNIVERSITY

DIRECTORATE OF ADMINISTRATION

PHASE V, HAYATABAD, KHYBER PAKHTUNKHWA, PESHAWAR, PAKISTAN.

HALL/COMMITTEE ROOM RESERVATION PERFORMA

Name of Requisitioner : _____

Designation / Organization: _____

Section/Institute: _____

Type of Place:

1. Multipurpose Hall
2. Senate Hall
3. Committee Room No.1 (MPH)
4. Committee Room No. 2 (MPH)
5. Video Conference Room

Purpose (Specific): _____

Date of Reservation: _____

Number of Days: _____

Nature of Duty:

<input type="checkbox"/> Private	<input type="checkbox"/> Official
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Date: _____

Applicant's Signature _____

Remarks of the Head of Section/Institution: _____

Signature of Head of Section/Institution _____

Dated: _____

Designation: _____

Approved/Not Approved

On Payment/Free

Registrar

FOR OFFICIAL USE

Amount Paid: _____,

Date of Payment: _____

Additional Director Administration

Copies to:

1. Requisitioning Officer/Official.
2. PS to Registrar
3. Office record.