

## **SZABIST Islamabad Campus**

## **Venue Approval Form**

(For the Academic Activities (Indoor & Out Door))

Event:		Venue :			
Date :	Time From :	То	Expected No. Of particip	oants:	
Name of th	e Guest(if any):				
	(E.g : Guest/Panel Speakers			eting etc.)	
Audio Visu	al Request :				
	Multimedia Projector and				
	Sound System		Requested by :		
Program		Contact No:			
PM		HOD:			
*The pe	*The person responsible must ensure that the Multimedia Projector is left in the same working Condition as received.				
		· · · · · · · · · · · · · · · · · · ·			
Refreshme	nt Request :				
No. of participants:					
No Food w	ill be served or used in the a	uditorium.			
Transport F	Request :				
Place to vis	it :				
No. of Persons: Type of Transport required:					
Any other s	special arrangement: (Please	Specify)			
Secretary A	AC Heads				
				(Sign and Date)	
Cr. da a Ad	1.4				
Student Ad	lvisor				
				(Sign and Date)	
	ASO Donartment	EDC Donartment	Admin Department	Hoad of Campus	
	ASO Department	EDC Department	Aumin Department	Head of Campus	

## Note:-

- •Complete Form in all respect duly signed from all concerned departments should be submitted to Admin Department at least **02 Weeks** in advance.
- •Official Tea (Tea, Biscuits), One Standee (2ft x5ft).