

**University of Sargodha**

**Wazir Agha Library**

**(Venue Reservation Form)**

**Event Details:**

|  |  |
| --- | --- |
| Department: |  |
| Event Title: |  |
| Event Date: |  |
| Event Time: |  |
| Number of Attendees: |  |
| Preferred venueLocation: (please select the venue as per your need) | Computer LabSeating Capacity is27(Only for IT related trainings) | Research CommonSeating Capacity is50 |

Contact Information of Focal Person:

|  |  |
| --- | --- |
| Name |  |
| WhatsApp Number |  |
| E Mail |  |

Please fill out the form and return it to the office at least Two days prior to the event date.

(Signature and Stamp of the Chairman)

(Official Use)

Approved by

**Ahmad Shahood Akash**

Assistant Librarian