

FACULTY OF ARTS UNIVERSITY OF JAFFNA

RESERVATION FORM FOR LECTURE HALL

1.	Name of applicant	:				
2.	Name of the Faculty/Dep	pt./Unit:				
3.	Address	:				
4.	Contact Number	:			•••••	
5.	Name of the Hall	:				
6.	Name of the event	:				
		(invitation/ever	nt deta	ils should be annexe	d)	
7.	Date of the programme	:				
8.	Time	: From	•••••	То:		
9.	Duration	:		. Hours		
10.	Number of participants	:				
A.	Expected facilities:					
	Multimedia pr	ojector	Yes ()	No ()
	Smart board		Yes ()	No ()
	Smart podium		Yes ()	No ()
	Oil Lamp		Yes ()	No ()
	 cept the following terms Handle electric switch Do not damage move Avoid handling flams Ensure disposing of b Keep the volume of s After the event is over 	nes and electron able and immov nable materials rought goods, w ound low in ord	ic item able p inside vaste a er not	ns carefully. roperties belongs to l the hall. nd food items after th to disturb others.	ecture ha	
 Dat	е			Signature of the app	olicant	

I recommend/do not recommend reservation of above hall

Date	Signature of Head of Dept. or Staff in charge

I approve/do not approve the above reservation

•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
I)	12	l	te	e																						

If Student, Reg. No:

Signature of Dean/Arts