OFFICE OF DIRECTOR GENERAL ADMINISTRATION UNIVERSITY OF BALOCHISTAN, QUETTA

Booking Form for Community Hall

PARTICULARS

Name:			 	
Cell No:				
Reason	of Booking:			
Date: Time:				
Number of Guests to be invited:		If Hiring of Any Relative:	Yes	No
If Yes (Relative Details):			
1.	Name:			
				Signature
		FOR OFFICE USE		
Rema	rks of Concerned Authority (L	 Deputy Registrar Admin)		
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Signature & Stamp