

# The Government Sadiq College Women University, Bahawalpur

## Requisition Form for Smart Classroom

1. Name:.....
2. Department/Office: .....
3. Designation: .....
4. Event Name/ Purpose:.....  
.....
5. Date of Program:.....
6. Organized By.....
7. Opening Time:.....
8. Closing Time: .....
9. Contact No.: .....

### **Undertaking**

*I understand that the Smart Classroom facility is to be used for academic/official work only. I undertake that I will use this facility only for academic/official work and that I will not allow any outsider to the smartclassroom without prior permission from the Competent Authority. I will also take responsibility of the audio/video devices & other equipment available in the Smart classroom.*

Date

Signature of the Applicant

### **Recommendation of the Dean/Registrar/ of the Department/Office**

I recommended that the smart classroom facility may be given to Dr./Mr./Ms.....

Date

Signature of the Head with Official Seal

### **For Office Use Only**

Computer Lab Facilities for Dr./Mr./Ms..... may be opened.

Worthy Vice Chancellor

Date: .....

Time: .....