



Faculty of Arts University of Peradeniya

Reservation of Halls & Rooms (only for Academic Purposes)

- Faculty:
- Department:
- Required Hall/Room - **AT/ NA 87 /AUDIO VISUAL / SEMINAR / MA33 / NCB / B ROOM.**
- Program:

- Subject code & Subject Title -
- No. of Participants: -
- Multimedia Projector Needed : Yes / No
- Period From: To.....
- Time- From-..... To.....
- Name of the Lecturer/Instructor In charge & Contact Numbers:

- Requested by:
- | | | | |
|------|-------------|-----------|------|
| | | | |
| Name | Designation | Signature | Date |

Recommended and Forwarded

.....
Signature Date
Head of the Department/Unit

Approved

.....
Signature Date
Dean/SAR/AR

***For the use of multimedia facility please be kind enough to contact the Technical Officer at the Office of the Dean.**

*** The information requested above is very important for the reservation of the halls/ rooms. This form should reach the Dean's Office before 7 workings days of the first day of reservation.**

