QUAID-I-AZAM UNIVERSITY
Islamabad

VIDEO CONFERENCING ROOM RESERVATION REQUEST

Requested Date: ____________  Meeting/Conference: ________________________
Start Date: ________________  End Date: ________________________________

LOCAL SITE DETAILS

Requested By: ________________  Department/ Section: ______________________
Telephone No: ________________  Mobile No: ____________________________
Email: ________________________  No. of Participants: __________________
Meeting □  Title of Meeting with Time: _________________________________
Chairperson: _______________________________________________________
Lecture Delivery □  Title of Lecture with Time: _________________________
Resource Person: ____________________________________________________

Resources Required:

Laptop: □  Multimedia: □

Approved by:

Department/Section Head Name: _______________________________________
Designation: __________________________ Signature: ______________________

FAR SITE DETAILS

University/ Institution/ Site Name: ____________________________
IP Address: _________________________________________________
Contact Person Name: __________________________ Designation: ___________
Phone No: __________________________ Mobile No: ______________________
(With Country/area Code) (If available)
Email: ______________________________________________________

Note:

* Video Conferencing Room requests should be received at least 48 hours for local and 72 hours for foreign prior to the planned event.
* If Laptop is required, please bring it with yourself 1 hour prior to the actual meeting.

FOR OFFICE USE ONLY

Status as per schedule: ____________________________________________
For Approval of Incharge (CNC): _________________________________
Remarks (If any): ______________________________________________
Signature: _____________________________________________________