

# 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: \_\_\_\_\_  
(If available):  
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: \_\_\_\_\_