Mohammad Ali Jinnah University, Islamabad
Seminar/Event/Workshop request form

Title of activity_____

Organized by _____

Supervised by_____

Time _____ Venue _____Duration ____Date_____

No: of Sashes ;_____

Photographer:

GUEST

Name(s) _____ / _____

Designation(s) _____ / _____

Office No _____ Cell No _____

Brief Intro:

A brief about the event

Approved by: _____

Head of Department