**Form 2**

**TECHNICAL RESOURCE CENTRE (TRC).**

***Request form for the reservation of Services/ Facilities***

***(Lecture Halls, Examination Halls, Audiography, Photography, Videography and Equipments)***

Head- TRC Date:

Faculty of Medicine

University of Peradeniya

|  |  |  |
| --- | --- | --- |
| **No** | **Information required** | **To be filled by Requester** |
| 1 | Request |  |
| 2 | Name of the requester  Email address  Telephone No. |  |
|  |
|  |
| 3 | Position of the Requester |  |
| 4 | Official Address |  |
| 5 | Where will the equipment be used  5:1 - Faculty  5:2 - Department |  |
| 6 | When do you want the facility /equipment  **(Please note that the facility or equipment should be return within 12 hrs after the function)** | ***From***  ***Date Time***  ***To***  ***Date Time*** |
| 7 | Approval of the HOD / Unit Head with the date |  |
| 8 | Approval of the Dean / Medicine with the date |  |

Office use only

9. Date of Submission

10. Recommendation of the Head/ TRC

Head /TRC

Faculty of Medicine

Date