**Form 3**

**TECHNICAL RESOURCE CENTRE (TRC)**

***Request form for the reservation Lecture theater Facilities for Undergraduate Programs***

Head- TRC Date:

Faculty of Medicine

University of Peradeniya

|  |  |  |
| --- | --- | --- |
| **No** | **Information required** | **To be filled by Requester** |
| 1 | Request  |  |
| 2 | Name of the requesterEmail addressTelephone 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 | Recommendation of the chairperson CCC |  |

TRC Office use only

9. Date of Submission

10. Approval of the Head/ TRC

--------------------------------- Head/ TRC Faculty of Medicine

Date