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**Rawalpindi Medical University Rawalpindi**

**New Teaching Block / Main Campus\_\_**

**Please tick only one**

**Request For Items from Library**

As per approval for Vice Chancellor / Higher Authority Permission to conduct the Programme:

**Requirements:**

1. Copy of Allow Application Vice Chancellor / Higher Authority
2. University Identity Card

**Responsibility:**

1**.** It's my responsibility to return the item to the library.

2.   If something gets damaged during use, I will must fix it.

**Subject:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For that Purpose we need Following items are required from Library**

|  |  |  |  |
| --- | --- | --- | --- |
| **S.NO** | **Name of Items** | **Quantity** |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Class \_\_\_\_\_\_\_\_\_\_\_\_\_\_Roll No\_\_\_\_\_\_\_\_\_\_\_ Batch\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_**