

# Booking for Audio Visual Services

1. Name of Faculty Staff / Extended Faculty Staff / Student

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2. Phone: -----

3. email: -----

4. Department : .....

5. Service Requested : Photo ☐ Editing ☐

6. Event Name : .....

7. Date : ..... Time: .....

8. Venue : .....

9. Please specify any additional service requirements if you need services other than photography:

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I understand that the Audio Visual Unit services are subject to the approval of the Head of the Department of Medical Education and Audio Visual Unit. I request his/her approval for the above-mentioned service(s)

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Date

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Signature of Applicant

***Recommendation of the Head of the Department / Clinical coordinator / Senior Treasurer (For Student)***

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Date

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Signature

*\*\*Please note that all bookings should be made at least 24 hours prior to the event and submitted to the Medical Education and Audio Visual Unit, Faculty of Medicine, University of Jaffna.\*\**

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## OFFICE USE ONLY

***Booking as mentioned above is approved / not approved.***

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Head

Medical Education and Audio Visual Unit

Faculty of Medicine, University of Jaffna.