PROVOST OFFICE



University of Peshawar

Reservation Form for Accommodation at Bara Gali Summer Camp

Name of Applicant		Designation	
Department/institution/Centre			
OfficeCell	Resi	Residence	
Family Accommodation			
Option-1		Option-2	
Date of Arrival	Date of Arrival	Date of Arrival	
Date of departure	Date of departure	Date of departure	
Total Family Members			
Students' Trips			
Male	Female	Total	
Signature	Officia	al Stamp	
For office use only			
Amount R	eceipt No	Date	
Checked & Confirmed by Superintendent/Dealing Assistant	:		
		Counter Signed by Provost/Assistant Provost	