



UNIVERSITY OF BALTISTAN, SKARDU
MEETING INTIMATION SLIP

(Must be filled & signed by the concerned HOD/Focal Person/Organizer)

Meeting Particular: _____

Nature of Meeting: (Please Mark the Relevant Box)

Administrative		Academics		Financial		Any other	
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Beneficiaries of the Event (Please mark the relevant box only)

Students		Faculty Members		Administration	
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Venue	No. of Participants	Duration	Guest(s) out of UOBs	Department
Conference Hall/ _____				

Expected Outcomes of the Event/Seminar/Conference/Meeting

- _____
- _____

Financed by (Please mark the relevant box only)

Self-Finance		Sponsored		UoBS	
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Note: Please provide details if the event is sponsored. This form must be submitted along with intimation form duly signed by the concerned HoD/Dean/focal person almost three days earlier from the date of event.

Date of Submission: _____

Date of Event: _____

Endorsed by Concerned Dean/Head (Admin.)

Signature of HOD/ORIC/Focal Person/Organizer

(FOR OFFICE USE ONLY)

Type of Meeting:

Ordinary		Executive		Other than Executive	
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Approved by
Treasurer

cc.

Mr. Musa Ali.