



**Centre for Distance & Continuing Education
University of Peradeniya**



RESERVATION OF EXAMINATION HALL

University / Faculty / Department / Institution :

FOR UNIVERSITY OF PERADENIYA :

Faculty : _____

Department : _____

FOR OUTSIDE ORGANIZATIONS:

Name of the Organization : _____

Govt. Reg. No : _____

Nature of the Organization : _____

Reason for Reservation : _____

No of Participants : _____

Do you use the sound system? Yes No

Days required : **From** _____ **To** _____

Date	From (AM/PM)	To (AM/PM)	For office use only			
			Hall charges	Electricity charges	Staff Payment	Total

Due to space restrictions two vehicles can be allowed to park within CDCE premises. Please indicate registration Numbers.

(1). Vehicle No:-..... **(2). Vehicle No:-**.....

Contact Numbers : _____

Requested by :

.....
Name Designation Signature Date

Date of Payment Received

Bill No.....

----- **For office use only** -----

Hall Duty :

Final Approval for Reservation : Approved/Not approved

.....

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Director/CDCE

DR /AR CDCE

Cc:- (i) Security Office