1. Name of the Department/Office/Section: 

2. Program Title: 

3. Date of Program: 

4. Program Start & End Time:  
   Start:  
   End:  

5. Program Duration:  
   Hour:  
   Minute:  

6. Purpose of the Program: 

7. Number of Participants (Maximum Capacity=40): 
   Not More Than 40 (Forty) Person: 

8. Generator Backup:  
   YES  
   NO  
   *Put tick mark (If YES, have to pay fuel cost)

Signature & Seal  
Head of the Department/Office/Section

(For the ICT Cell Office)

Md. Anwar Hossain  
Director, ICT Cell  
Pabna University of Science and Technology  
Email: manwar.ice@gmail.com

1. Submit the Requisition Form at least 3 days before the program date.  
2. Food and water is not allowed in VC room.