Clinical Skills Simulation Center

Request form for borrowing from Clinical Simulation Center

Name of the Borrower:-

Institution/Department Name:-

University ID Number/ ID Number:

Specify the Purpose of Borrowing:-

Name of the Model & Accessory:-

a)

b)

c)

d)

N.B:- 1) Borrower are requested to fill the form & receive the Item.

    2) It is Mandatory for the Borrower to return back the items within 48 hours.

    3) Any breakage or incidence, report should be submitted in writing and duly signed. Repairing or

       replacement will be borrowers responsibility.

    4) After 48 hours you will be liable to pay.

Signature of Program Supervisor   Signature of Borrower

                                                   Date & time:

Chairman	In charge	Dean or Assigned
DR. Osama Marghalani	DR. Minhajul Bari	DR Anmar

You are requested to confirm the availability of items and day before.

Thanks