



The Government
Sadiq College Women
University Bahawalpur Pakistan

PUBLIC RELATIONS OFFICE

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REQUISITION FORM FOR MEDIA COVERAGE

1. EVENT / PROGRAM DETAILS

Name of Event/Program: _____ Organizing Department/Office: _____
Name of Organizer/Coordinator: _____ Designation: _____
Venue: _____ Date of Event/Program: _____
Starting Time: _____ Expected Closing Time: _____
Contact Number: _____ Official Email Address: _____

2. DETAILS OF CHIEF GUEST / GUESTS / SPEAKERS

Sr. No	Name	Designation	Institution/University/Organization
1.			
2.			
3.			
4.			
5.			

3. BRIEF DESCRIPTION OF THE EVENT/PROGRAM

Please provide a brief description, objectives, agenda and other relevant information regarding the event/program:

Name of Applicant: _____
Designation: _____

Signature of Applicant: _____
Date: _____

4. SERVICES REQUIRED

☐ Photography ☐ Videography

Note: Videography services, if required, may be arranged through a privately hired videographer on a paid basis, subject to prior approval, due to limited availability of digital video acquisition equipment.

5. RECOMMENDATION OF THE DEAN/REGISTRAR/HEAD OF THE DEPARTMENT/OFFICE

I recommend media coverage for Dr. / Mr. / Ms. _____ for the Event / Programme / Conference: _____.

Signature: _____ Date: _____

Note:

- This form must be submitted to the Public Relations Office at least 02 working days prior to the event/program for necessary media coverage arrangements.
- No outside photographer/videographer is permitted without prior approval from the Public Relations Office.