** Bara Gali Summer Camp**

**University of Peshawar**

**Reservation Form –Students’ Study Tours**

**Important Notes**

1. Before proceeding to fulfill all the required fields, the concerned HOD / Tour Supervisor must contact the Camp Coordinator Office about the availability / reservation of a time-slot.
2. Reservation Form is to be submitted to the Camp Coordinator Office duly filled, signed & stamped alongwith the following attachments in hard form or through email (cc\_baragali@uop.edu.pk) .
3. Permission Letter of the HOD / Vice Chancellor
4. List of students showing their names, program of study, semester etc, duly signed & stamped by the concerned HOD.
5. Advance / Confirmation Fee of PKR. 20,000/- through crossed cheque in favor of “Camp Coordinator-Bara Gali Summer Camp or on prescribed Bank Deposit Slip downloadable from [www.uop.edu.pk/baragali/downloads](http://www.uop.edu.pk/baragali/downloads) .
6. All the students must be briefed in advance to follow the Code of Conduct pertaining to stay at Bara Gali Campus.

|  |  |
| --- | --- |
| Name of Dept/Inst/Center/College/School |  |
| Parent Department / University |  |
| Contact No. |  | Email: |  |
| Check-in-Date |  | Check-out-Date |  |
| Details of Tour Members | Male Students | Female Students | Male Faculty | Female Faculty | Support Staff | Total |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Supervisory Staff**(As per University Rules, the students tour must be accompanied by at least 02 permanent faculty members as Supervisors, otherwise may not be allowed.) | **Supervisor No.1** | **Supervisor No.2** |
| Name |  | Name |  |
| Designation |  | Designation |  |
| Contact No. |  | Contact No. |  |

**UNDERTAKING:**

1. I / we will ensure that the all the students will be briefed in advance for not making any controversial, political, sectarian or any sensitive statement (s) at Bara Gali Campus during their stay.
2. I / we will ensure use of Bara Gali premises strictly as per our booking and abide by all the instructions/rules of Bara Gali.
3. I / we will ensure that area is not littered during / after the stay.

**Sign of Supervisor No.1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign of Supervisor No.2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Countersigned by**

 (Concerned HOD):

**Name of HOD:**

**Signed & Stamp of HOD:**