



## Aldo Castellany Auditorium MRI Reservation Application

**Event details:**

Name of the event:.....

Full name of the event organizer:.....

Organization / Institution name:.....

Please specify whether it is a Government / Non-government organization/ institution:

Please specify whether it is under the Ministry of health or not:

Required date or dates with specific time period :( Please verify whether it is vacant)

Date/dates	Time from -to	Duration in hours

**Contact details of the person/ party that the reservation is done:**

Contact telephone numbers: Land: ..... Mobile: .....

Contact postal address: .....

Contact email address: .....

I hereby state that all the above details are true and correct and I am well aware of the rules and regulations pertaining this booking.

.....  
Name, date and Signature with the rubber stamp(if available)

(Contact Mr. Ajith Ranathunga on 0112693532-34, 0112693527, Mobile: 0779421346 for verification of the availability)