

## The Islamia University of Bahawalpur Pakistan

Phone 062-9250235-8 Fax 062-9250335

### OCCURRENCE REPORT FORM

No	Date:
i. All columns should not be left blank	
ii. All information provided in this f	form must be complete keeping in view the authenticity
iii. If required, attach additional inform	mation with this form.
(1) Details of Incident:	nation with this form
Date of occurrence	Time of
of incident:	incident:
Place of incident:	
(2) Incident Report:	(4) Particulars of Witnessea(s):(if any)
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	9
	(3) Particulairs of Officer initiating tink reports
	1, Name:
	Z. Designation.
	4. Sauces of latermetter:
	Signature with Stamps Date
	Remarks I'd any):
Director Students Affairs	· · · · · · · · · · · · · · · · · · ·
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# The Islamia University of Bahawalpur Pakistan

#### (3) Individuals involved in the incident:

Sr. #	Name		CNIC	Department	In case of student(s)				
		Father Name			Program	Semester	Session	Roll No.	Contact No.
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#### (4) Particulars of Witnesses(s):(if any)

Sr. #	Name -	Father Name	CNIC		In case of University employee(s)		
				Contact No.	Designation	Department	
1.			-		1		
2.							
3.					9		
Cont							

#### (5) Particulars of Officer initiating this report:

1. Name:	- 4	
2. Designation:		
3. Department:		
4. Source of Information:		
Signature with Stamp:	Date:	
Remarks (if any):		
	Director Students	Affairs
Recommended for	or CIM Not Recommended for CIM	

Vice Chancellor