



འབྲུག་རྒྱལ་འཛིན་གཙུག་ལག་སློབ་མེ  
SAMTSE COLLEGE OF EDUCATION



Facility used:

Date:

Purpose:

I agree that I shall return the facilities as it is and I am liable for any administrative action if anything happens during the time allotted to me.

User's Name:

Approved By

Phone #

Signature: