LIAQUAT UNIVERSITY OF MEDICAL & HEALTH SCIENCES

ACTIVITY REPORT

ACTIVITY DETAILS	
Department / Section	*Enter department or section name*
Activity Title	*Enter title of the activity*
Date(s) of Activity	*DD/MM/YYYY*
Venue	*Enter venue / location*
Organized By	*Enter organizing department / committee*
Brief Description	*Provide a short summary of the activity*

PHOTOGRAPHS / EVIDENCE
Paste photographs here or send photographs via WhatsApp

Submitted by : _____

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