

LAHORE UNIVERSITY OF MANAGEMENT SCIENCES

**Apartment Request Form**

Faculty Name: \_\_\_\_\_

Designation: \_\_\_\_\_ School: \_\_\_\_\_

Gender: \_\_\_\_\_ Employment Status: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Number of people expected to stay: \_\_\_\_\_

Expected duration of stay Date of Arrival: \_\_\_\_\_

Date of Vacation: \_\_\_\_\_

**Apartment Specifications**

Size

3 Bed/ 3 Bath  Room in Male shared apartment

3 Bed/ 2 Bath  Room in female shared apartment

2 Bed/ 2 Bath  1 Bed/ 1 Bath

2 Bed/ 1 Bath

Apartment Type required (\*Furnished/ Unfurnished): \_\_\_\_\_

Apartment Floor (Ground/ First/ Second/ Third): \_\_\_\_\_

Apartment Block (1 to 7 (OR) Askari 11): \_\_\_\_\_

Additional Requirements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide the following information incase the above mentioned apartment is not available:-

Second Preference: \_\_\_\_\_

Third Preference: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date of Request: \_\_\_\_\_