**شعبة المفقودات**

**نموذج بلاغ عن مفقودات بكلية الصيدلة**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **اسم صاحب البلاغ** | | **البريد الاكتروني** | | **هاتف / جوال** | |  | |  | |  | | **الساعة** | **مكان الفقدان** | **اليوم** | **التاريخ** | **النوع** | |  |  |  | **/ /** |  |   **ملاحظات البلاغ / وصف المفقود**  **....................................................................................................................................................................................................................................................................................................................................** |