REQUEST FORM

(To utilise the laboratory/library facility After working hours)

Name of User ……

Lab Required ……

Date & Time ……..

Brief Details of work planned (max. 100 words)

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Declaration

❑ I hereby declare that I will be responsible for the safety of the Lab …… for the time I'm using. Date …… Time ……

(Signature of User)

Comments by HOD/Dean

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Signature of HOD

Signature of Dean with stamp

Comments by Research & Development

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Signature of Dean Research & Development with stamp