



डा बी आर अम्बेडकर राष्ट्रीय प्रौद्योगिकी संस्थान, जालन्धर-144011, पंजाब (भारत)
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PUNJAB (INDIA)



औद्योगिक और उत्पादन इंजीनियरी विभाग
DEPARTMENT OF INDUSTRIAL & PRODUCTION ENGINEERING

Request for Using Lab Facilities

Name : _____

Designation: : _____

Department/College : _____

Contact No. : _____ **Email Address:** _____

Equipment/Item to be used : _____

Name of Laboratory : _____

Date & Time : _____

Willingness to pay charge for use of equipment: Yes/NO: _____

I may be allowed to use the equipment as stated above. I take the full responsibility of equipment during the period of use. I will be responsible for any kind of damage or loss of equipment.

Signature of Candidate : _____

Recommendations of higher concerned
Signature with Name & Designation : _____

Amount to be Charged : _____

Signature of Lab Incharge
with Name & Designation : _____

Head of Department
Signature with Name & Designation : _____