



ST PAULS INSTITUTE OF COMMUNICATION EDUCATION FOR WOMEN
(Affiliated to the University of Mumbai)
24th Road, Bandra (W), Mumbai 400 050 Tel: 022- 26425709
E-mail: spiceugcc@stpaulsice.com/ Web: mum.stpaulscollege.edu.in

APPLICATION FORM FOR THE USE **OF COMPUTER LAB 1 & 2**

Appl. No. -----

Date: -----

To,
The Principal
St Pauls Institute of Communication Education for Women
Bandra (West)
Mumbai: 400 050.

Sub: Request for the use of Computer Lab

Sir/Madam,

I, Miss/Mr....., student of your college would like to
request you to allow us to the use the Computer Lab 1/Computer Lab2 for the project (Name of the
Project) -----

----- Class: -----Roll No.:----- Contact No. -----

-----E-mail ID -----

Date of the use of Computer lab: - -----

Duration: - -----

Staff In charge (NAME) -----

I _____ hereby claim total responsibility for the equipment kept in
the studio. In case any lost, stolen, damage etc. of any equipment, I shall incur the cost for its
replacement or repair.

Yours faithfully,

Student Signature

Faulty Signature

Staff Signature
(Non-teaching)

Principal Signature

After the use of the Computer Lab

Student Signature

Staff Signature (Non-teaching)