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APPLICATION FORM FOR THE USE
OF COMPUTER LAB 1 & 2

Date: _____

I, Miss/Mr _____ student of your college
would like to request you to allow us to the use Lab ,for the project (Name of the
Project _____

Class: _____ Roll No.: _____ Contact No. _____

E-mail ID _____

Date of the use of Lab: _____

Duration: _____

Staff In charge (NAME) _____

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

Yours faithfully,

Student Signature

Faculty Signature

Staff Signature
(Non-teaching)

Principal Signature

After the use of Lab

Student Signature

Staff Signature (Non-teaching)