

Out-of-Hours Laboratory Usage Form

Date:

Name:

Student Number:

Mobile Number:

Name of the Supervisor:

Programme: **BSc Eng.** **MSc Eng.**
 MSc (Materials Science) **PhD**

Purpose:
.....

Lab:

Instruments/ Equipment Required:
.....

Intended Date of Using the Lab:

Entry Time:

Estimated Finish Time:

Declaration: I shall adhere to the university rules and regulations while using the laboratory. Any haphazard will be informed to the supervisor immediately. I shall turn off the all necessary equipment and keep the lab clean. My supervisor and I bear all the responsibilities and liabilities during my stay in the MME premises.

Signature of the Student:

**Signature of the Supervisor
with Date**

**Signature of the Lab
In-Charge with Date**

**Signature of the Head
with Date**