



PERMISSION FORM FOR LABORATORY ACCESS

(FORM II: for Faculty/Staff/any other)

Faculty/Staff/any other	Name	Designation
Purpose of use / description of work:		
Name of Lab Required:		
Date and session:		
Duration for which lab required:		
Tests/experiments to be conducted:		
Details of Equipment required:		
1.	8.	
2.	9.	
3.	10.	
4.	11.	
5.	12.	
6.	13.	
7.	14.	

Details of materials/ consumables required (with tentative quantity):	
1.	8.
2.	9.
3.	10.
4.	11.
5.	12.
6.	13.
7.	14.
Declaration:	
<ul style="list-style-type: none"> • I/We agree to follow all safety procedures and precautions in labs. • I/We will handle the instruments and materials with utmost care and responsibly. • I/ We will clean the instruments and space we have used in the lab and keep the instruments safely in their marked locations after use. • Any broken/ damaged equipment needs to be brought to the attention of lab staff/ faculty immediately. • I/We understand that inappropriate conduct can result in the denial of further laboratory access and strict action may be taken by the Department. 	
Name & Signature (with date):	
Signature of Lab Incharge (Approved/ Not Approved):	
Signature of Head of Department/OIC :	