



### Permission Form

For Daily Lab work after normal working hours (0900-1700hrs)/weekends

Name of Student: \_\_\_\_\_

Specific Lab to be visited: \_\_\_\_\_  
(Entry to be made in Log Book)

Specific tasks to be done: \_\_\_\_\_  
(Entry to be made in Equipment Log Book)

Date: \_\_\_\_\_

Timing & Duration: \_\_\_\_\_

Accompanying Student (Only one if required) \_\_\_\_\_ Signature: \_\_\_\_\_

*I take full responsibility that I will use the lab instruments/glassware/chemicals with care and will follow lab ethics & rules (posted in lab). I also assure that I won't transport any material of the lab outside the premises of the concerned lab to other labs, nor I will allow anyone to do the same. I will also not let anyone else use the lab unless I am sure they have also obtained the permission to work after working hours.*

Signature of Student: \_\_\_\_\_

Comments by the Supervisor

(Please recommend only if absolutely necessary for students to work during OFF hours. Also, state why this work cannot be done in normal work hours/weekdays).

<p>_____ _____ _____</p> <p style="text-align: center;"><u>Name &amp; Sign of Supervisor</u></p>	<p>Approval</p>    <p style="text-align: center;"><u>Associate Dean</u></p>
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Lab Incharge: \_\_\_\_\_

Lab Engineer/Demo: \_\_\_\_\_

### **For Office Use Only**

Names have been entered to the register placed at the entrance gate & security guard has been briefed.

Adm Staff (Runner has been briefed)

Security Guard

Dated: \_\_\_\_\_

Admin Officer IESE

(Submit a copy of this form to Lab Engineer/Demo)

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