

PERMISSION FORM
FOR LABORATORY WORK PERMISSION OUTSIDE NORMAL WORKING HOURS/
WEEKENDS

1. Name of Student: _____ Program _____ Batch _____
2. Lab to be visited: _____
3. Specific Tasks/ Experiments to be Performed: -
 - a. _____
 - b. _____
4. Date: From _____ To _____
5. Timings & Duration: _____
6. Accompanying Student (s): (Mandatory as per para 8 a 3 of SOP)

Ser	Name	Program	Batch	Signatures
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Certificate by the Lead Student

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 you that I won't transport any material from 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 permission to work after working hours.

Signature of Student:

Vetting by Lab Engineer/ Demo

Certified that the student (s) is/ are on active list of _____ Department and credentials given above are correct. All the entries in logbooks will be made upon approval of the permission.

Name & Signature & Stamp:

Recommendations of Supervisor

(Must justify why this work cannot be done during normal working hours/weekdays)

RECOMMENDED/ NOT RECOMMENDED

Name & Signatures

Recommendations of HoD/ OIC Lab

RECOMMENDED/ NOT RECOMMENDED

Name & Signatures

Approval by the Assoc Dean

APPROVED/ NOT APPROVED

Name & Signatures

Administration Brach

1. Names have been entered in the register placed at the entrance gate.
2. Duty Staff have been detailed and briefed.
3. Information has been passed to SCEE Admin through eION.

DD/ AD Adm & Coord
Date_____