DEPARTMENT OF COMPUTER SCIENCE AND ENGINEERING
NATIONAL INSTITUTE OF TECHNOLOGY CALICUT
NIT CAMPUS P.O., KOZHIKODE, KERALA, INDIA - 673601

LABORATORY BOOKING FORM

Required Laboratory(s)   :

Purpose & Event   :

Date & Time Required   :

Faculty Recommendation :-
Name, Emp. No., and Dated Signature of the Faculty Responsible and Recommending this Request **:**

Details of CSED Student taking the full responsibility :-
I agree to take the full responsibility of the laboratory(s) requested as per this request. I am responsible for all the resources in the laboratory during the event and ensure that no damage will be made to the same. I understand this responsibility is non-transferable. I will also ensure that the resources will be properly arranged immediately after the event has concluded.

Name **:**   Roll No. **:**   Signature **:**

Mobile No. **:**   Email ID **:**   Date **:**

Documents to be enclosed :-
1. Copy of Institute ID Card.
2. Sanction letter / Permission letter for conducting the event from the competent authority.

============================ *For Office Use* ============================

Recommendation Decision [After verifying the availability and documents submitted] **:-**

Staff-in-Charge of Laboratory   :

Faculty-in-Charge of Laboratory   :

HOD's Decision   :

HOD CSED

============================ *For Office Use* ============================