



MAULANA ABUL KALAM AZAD UNIVERSITY OF TECHNOLOGY

“LIST OF ASSIGNMENT/EXPERIMENT SUBMISSION DETAILS”

SL. NO.	ASSIGNMENT / EXPERIMENT NAME	DATE OF ASSIGNMENT / EXPERIMENT DONE	DATE OF SUBMISSION	CHECKED BY	REMARKS (ANY DEVIATION REGARDING SUBMISSION DATES, CONTENT, FORMAT, ETC)

OBSERVATIONS / COMMENTS ON THE OVERALL PERFORMANCE:

Signature in full with date

Faculty / Technical Assistant

Signature in full with date

Lab Examiner