

TECHNO INDIA COLLEGE OF TECHNOLOGY

NEW TOWN, RAJARHAT, KOLKATA – 700156



DEPARTMENT OF ELECTRICAL ENGINEERING

Name of the Laboratory _____

Laboratory Code _____

Department _____

University Roll Number _____

Name of Experiment _____

Experiment Number _____

Date of Performing the Experiment _____

Date of Submission _____

Remarks (If any)

Signature (Faculty)