



Emerging Technologies Lab

Request Form

Faculty Student (MS/PhD) External

Name: _____

Registration Number: _____

Department/Organization: _____

Contact number: _____

Project Title: _____

Project supervisor: _____

System Information

Detail of Experimental work (Electrical testing, mechanical work, etc.)	
List of instruments /tools required	
Duration of experiment (Days)	
Analysis Details Does the experiment involve fabrication work in Machine shop? If Yes, please give details.	
Note: <ul style="list-style-type: none">➤ Student will work on the designated place inside lab.➤ Incomplete forms will be cancelled.➤ Student is responsible to move out the system after completing the experiment. In case of his/her absence, project supervisor will be informed.	

Signatures:

Student's signature: _____ Date: _____

Project Supervisor: _____

Principal/HOD (initiating school/department): _____

Lab PI (Dr. Mariam Mahmood): _____