Pir Mehar Ali Shah
Arid Agriculture University Rawalpindi
Central Research Laboratory

Equipment Use Request Form

Dated: __________

Name of Student: ________________________________ Contact No: _______________________

Registration No: __________________ Class: ______ Degree: _____________________________

Department: ______________________________________________________________________

Name of Equipment: ________________________________________________________________

Purpose of Use: __________________________________________________________________

Use date from: ___________________________ To: ______________________________

Number of Samples: ________________________________________________________________

Recommended by:

Name of Supervisor: ______________________

Signature: ________________________________

Approved by:

In-charge, Central Lab: ____________________