

**Pir Mehr Ali Shah  
Arid Agriculture University Rawalpindi  
Central Research Laboratory**

**Equipment Use Request Form**

Dated: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Contact No: \_\_\_\_\_

Registration No: \_\_\_\_\_ Semester: \_\_\_\_\_ Degree: \_\_\_\_\_

Department: \_\_\_\_\_

Name of Equipment to be Used: \_\_\_\_\_

Use date from: \_\_\_\_\_ To: \_\_\_\_\_

Number of Samples: \_\_\_\_\_

**Recommended by:**

Name of Supervisor: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_

Stamp of Supervisor: \_\_\_\_\_

Availability of Equipment: \_\_\_\_\_

Recommended by E-Engineer/Lab Superintendent: \_\_\_\_\_

\_\_\_\_\_

Approved by:

In-charge, Central Research Lab.: \_\_\_\_\_

Note: For students, it is mandatory to attach the copy of student card and in case of research fellow, attach the copy of university employee card.