

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: _____

Purpose of Use: _____

Use date from: _____ To: _____

Number of Samples: _____

Recommended by:

Name of Supervisor: _____

Signature of Supervisor: _____

Stamp of Supervisor: _____

Availability: _____

Recommended by E-Engineer/Lab Superintendent: _____

Approved by:

In-charge, Central Research Lab.: _____