

Lab Usage Request form for Student/Faculty of NITT



**Centre of Excellence in Manufacturing
National Institute of Technology: Tiruchirappalli - 620015**

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Name of the Faculty/Student	:	
Staff Number/Roll Number	:	
Email ID	:	
Mobile Number	:	
Department	:	
Course / Programme of study and specialization	:	
Semester of study	:	
Name of the lab(s) intended to be utilized	:	
Purpose of utilizing the laboratory (Conduct Lab/course/project/learning/others specify)	:	
Duration of requirement of Lab (Specify dates and timing on each day)	:	
Name & Designation of the mentor	:	
Signature of the mentor	:	
Name of the coordinator of the Laboratory	:	
Signature of the coordinator of the Laboratory	:	
Date of submission of the application	:	
Signature of Head of the CoE(M)	:	