SAHRDAYA
COLLEGE OF ADVANCED STUDIES

COMPUTER LAB REQUISITION FORM

Department:

Date of the Programme: Time:

Concept of the Programme:

Nature of Participants:

Total No of Participants: No. of Systems

Lab No& Name

Requirements: ◯ Systems   ◯ Internet

Arrangements in regular Lab time table: *

Permission from the faculty (As per regular time table)*
1.Name:_____ (sd) 2. Name:_____ (sd)
3.Name:_____ (sd) 4. Name:_____ (sd)

Department in charge:

HoD   Principal   Finance Officer

OFFICE USE ONLY

PERMISSION FROM THE LAB