



AICTE IDEA LAB SXCCE – Requisition Form

Applicant Details					
Name of Applicant					
Designation		<input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Research Scholar <input type="checkbox"/> Staff			
Department					
Roll No. / Employee ID					
Contact Number					
Email ID					
Purpose of Lab Utilization					
<input type="checkbox"/> Academic Project		<input type="checkbox"/> Research Work		<input type="checkbox"/> Prototype Development	
<input type="checkbox"/> Startup / Innovation Activity		<input type="checkbox"/> Workshop / Training			
<input type="checkbox"/> Competition Preparation		<input type="checkbox"/> Other (Specify):			
Title of Project / Activity					
Facility Required					
<input type="checkbox"/> 3D Scanner / Printer		<input type="checkbox"/> PCB Milling/ Machine		<input type="checkbox"/> Electronic Work Station	
<input type="checkbox"/> Lathe Works		<input type="checkbox"/> CNC Wood Router		<input type="checkbox"/> CO ₂ Laser Cutter	
		<input type="checkbox"/> Other (Specify):			
Schedule Details					
Requested Date(s)					
Time Schedule		From		To	
				Total hours Required	
Mentor/ Project Guide Details (if student applicant)					
Name of the Mentor					
Designation & Department					
Date		Signature			
Declaration by the Applicant					
I will, use the AICTE IDEA Lab facilities only for the stated purpose. follow all safety rules and lab regulations. be responsible for any damage caused due to negligence.					
				Signature of Applicant (With Date)	
Department Tech Guru		Name		Signature	

Remarks by Lab in charge	
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Approved with Modification	Comments
Signatures of Approving Authority	
Co-coordinator / AICTE IDEA LAB SXCCE	Coordinator / AICTE IDEA LAB SXCCE