

**DEPARTMENT OF CHEMICAL ENGINEERING
TKM COLLEGE OF ENGINEERING, KOLLAM - 691 005**

PERMISSION FORM FOR LABORATORY ACCESS

Name of Student(s) with Roll No	1
	2
	3
	4
	5
Branch	
Project Title	
Contact no.	
Name of Labs Required	Signature of Lab in Charge
1.	
2	
3	
4	
5	
6	
Details of the Equipments Required	1
	2
	3
	4
	5
	6
	7
	8

Recommended by Instructor:

Chemicals/ consumables required with quantity	1
	2
	3
	4
	5
	6
	7
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	9
	10
	11
	12

Declaration:

I/We agree to follow all safety procedures explained to me by the lab instructor. I/We understand that inappropriate conduct can result in the denial of further laboratory access and all faulty or broken equipment needs to be brought to the attention of my lab instructor / lab staff immediately and the same will be replaced at our cost.

Name & Signature of the group members(with date):

- 1.
- 2.
- 3.
- 4.
- 5.

Signature of Project Guide	
Signature of Advisor	
Signature of HOD	