



Department of Civil Engineering
NATIONAL INSTITUTE OF TECHNOLOGY MIZORAM
CHALTLANG, AIZAWL-796012

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NITMZ/CED/16/2024/

LAB EQUIPMENTS ISSUE FORM

Sl. No	PARTICULARS / ITEMS	QUANTITY	DATE REQUESTED
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Purpose (Brief plan of use/consultancy order needs to be attached):

Tentative date of return:

If the equipment is intended to be used outside the department during this period (Y/N):

Submitted By

Name : _____

Designation: _____

ID No. : _____

Approved/Not Approved

Name of Faculty i/c: _____

Signature:

Date of issue : _____

Date of Return: _____

Signature from office: