

राष्ट्रीय प्रौद्योगिकी संस्थान मेघालय NATIONAL INSTITUTE OF TECHNOLOGY MEGHALAYA

शिक्षा मंत्रालय, भारत सरकार के अधीन एक राष्ट्रीय महत्व का संस्थान An Institute of National Importance under Ministry of Education (Shiksha Mantralaya), Govt. of India

Bijni Complex, Laitumkhrah, Shillong - 793003

DEPARTMENT OF ELECTRICAL ENGINEERING

Equipment/Item(s) Issue Form

Name of the Faculty	•					
Department/Centre/Others	entre/Others :					
Contact Mobile Number	:					
Official E-mail ID	÷					
Equipment/item required for (Tick the appropriate category)	: a) Research work	•	·			
	If others, specify det	ails:				
Name of equipment/item required	:					
Purpose of Issue (Mention the utilization details)	:					
Details of authorized recipient		:				
	Identity Card Number	:				
	Mobile Number	:				
	Official E-mail ID	:				
<u>Declaration</u>						
I shall ensure for the above issued equipm	ent/item(s) in good condition	n during return by the autho	rized recipient.			
I shall be responsible in case the authori within due date of return.	zed recipient is unable to re	eturn the issued equipment	/item(s) in good condition			
		Signatu	re of Faculty with date			
NB: Duly filled form to be submitted in H	oD-EE office.					
Name of issuing laboratory :						
Remarks: Forwarded for further production	cess.					
			Signature of HoD-EE			



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Details of issuing equipment/item

Sl	Name of Equipment/Item	Model No. &	Quantity	Propose	d Date of
31	Name of Equipment/Item	Specifications	Qualitity	Issue	Return
1					
Comr	nents from Staff In-charge			Remarks/Re	ecommendation
Signa	nture of TA/Technician		Sig	nature of Fac	ulty In-charge
Appr	oved/Not-Approved				
				Signatı	ıre of HoD-EE
NB: S	Submit the form in the concerned laboratory			- 6 ***	
DEC	LARATION				
I,		have received the	above mentic	oned equipment	/item(s) in good
condit	tion from	laboratory on	//	at FN/AN at	nd will return the
above	received equipment/item(s) in good condition o	n/ at F	N/AN to the c	concerned labora	atory in presence
of con	ncerned staff in-charge. If any damage/lost/stolen	of the above received e	quipment/iten	n(s) will be my	responsibility.
			 Sigr	ature of Autho	orized Recipien
Issue	d by Concerned TA/Technician				
		turned Equipment/I			
After	proper inspection, the above issued equipment/ite	em(s) is/are received in			condition by the
authoi	rized recipient/concerned faculty to		laborator	y on//_	at FN/AN
Furthe	er, the received equipment/item(s) are kept ready	for further utilization.			
Rema	rks, if any				
					TA/Techniciar

Signature of Faculty In-charge

NB: The duly completed of this form should keep in the laboratory equipment/item(s) issue file for record. If any discrepancy, the same should be informed to the HoD-EE through faculty in-charge by concerned staff in-charge.