



TRINCOMALEE CAMPUS, EASTERN UNIVERSITY, SRILANKA.

ITC Lab Requesting Form

Ref No: EUSL/TC/ITC/_____

Request Details:

- 1. Name and Designation of Requester:-
-
- 2. Contact No & Email ID:-
- 3. Name of the Department:-.....
- 4. Date:-..... Time:-.....
- 5. Purpose:-.....
-

.....
Requester Signature
Date:-.....

.....
Recommended By (Signature)
(Head/Dean/Coordinator)

ITC USE ONLY

Received By:- Date:-.....

Permission:- Granted /Not Granted
.....

Coordinator Signature:- Date:

I Certify that the.....
successfully completed.

.....

.....

Responsible person

Date