

DEPT.: _____

Ref.: _____

Date: _____

KEY PERMISSION

The following persons may be permitted to draw the key as per details given below:

SR. NO.	NAME	DESIGNATION	LAN CODE/ROLL NO.	SPECIMEN SIGN.
1.				
2.				
3.				

ROOM PARTICULARS

ROOM NO.	NAME OF LAB/ROOM	LOCATION OF THE ROOM	KEY DEPOSITED AT

PERIOD PERMITTED

DATE		TIME	
FROM	TO	FROM	TO
/ /	/ /		

UNDERTAKING

1. I shall be responsible for safety of the equipments/materials in the room.
2. I shall put off all equipments, fans, lights, AC etc. before closing the room.
3. No outsider or person not authorized will be permitted in the room.
4. I shall use the lab carefully and keep it neat and tidy.
5. Key will be handled carefully and deposited back as soon as the work is over.

SIGNATURES OF THE APPLICANTS

S.No.1 _____ S.No.2 _____ S.No.3 _____

REMARKS OF GUIDE/LAB. INCHARGE

- | | |
|---|--------|
| 1. Permitted during off working hours/holidays only | Yes/No |
| 2. Permitted during working hours only | Yes/No |
| 3. No time restriction | Yes/No |
| 4. Issues keys after depositing I card only | Yes/No |
| 5. Any other instructions. | |

SIGNATURE OF LAB. INCHARGE

Permitted

Approval of HOD

Office Seal

Head of Department

Security Officer

ISSUE UPTO