

DR. BHIM RAO AMBEDKAR COLLEGE



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REQUISITION FORM

(Booking of Computer Laboratory)

1.	Purpose:					
2.	Duration From:					
	Date		Timing			
	a					
	b					
3.	Number of Students:					
	Course & Year:					
4.	Laboratory Requirement:_	Lab-1	Lab-2	Lab-3	Lab-4	
	a. Hardware:					
	b. Software:					
5.	Name of the teacher:					
	Designation:					
	Department:					
	Phone Number:					
6.	Date of Submission:					
				SIGNATU	RE OF THE TEACHER	
		VERIFICATION OF A	/AILABILITY OI	F DATE		
REQU	JIRED	ALLOWED		ALTI	ALTERNATIVE DATE	
						