SR UNIVERSITY

CENTER FOR DESIGN

MATERIALS / EQUIPMENT REQUIREMENT FORM

Date:

Room No: 7006 Block No: VII (SRIX) Contact No.9949426066

☐ Group Project ☐ Individual project

Student / Staff Name :_____ Branch:_____
Academic Year:_____

_____

_____

_____

Project Title:_____

Project Guide, Contact
Details:_____

Project Description: _____

_____

Material Required:_____

_____

_____

Digital Tools Required: _____

_____

☐ Reference Drawings with Dimensions and CAD Files. (Attach supporting files to email ID : dir.cd@sru.edu.in)

Team Leader / Staff Signature Incharge (Center for Design—Director)

Project Supervisor / Guide Signature HOD - Mechanical Department