SR UNIVERSITY

Department of Mechanical Engineering

Manufacturing Technology Lab

MATERIALS / EQUIPMENT REQUIREMENT FORM

Date:

Room No: 4813 Block No: IV Contact No.9908760460

☐ 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 : p.eshwarachary@sru.edu.in)

Team Leader / Staff Signature Incharge Signature

Project Supervisor / Guide Signature HOD - Mechanical Department