

Department of Mechanical Engineering
Strength of Material Lab

MATERIALS / EQUIPMENT REQUIREMENT FORM

Date:

Room No: 4712

Block No: IV

Contact No.9618176260

☐ 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 : b.ravi@sru.edu.in)

Team Leader / Staff Signature

Incharge Signature

Project Supervisor / Guide Signature

HOD - Mechanical Department