



भारतीय प्रौद्योगिकी संस्थान गुवाहाटी
INDIAN INSTITUTE OF TECHNOLOGY GUWAHATI
Department of Mechanical Engineering
Strength of Materials Laboratory

FORM : SM-1

Application for testing samples in SM lab

Category: For those who want to test their samples occasionally

Name of the student				
Roll No./Department				
Mobile number				
Programme (Please tick)	BTP	MTP	Ph.D	Others
Name of the sample(s)				
Type of test(s)				
Number of Samples				

1. Time for the above tests will be allotted by the laboratory staff depending on the availability of equipment and free slots
2. Students are not allowed to handle the SM lab equipment in the absence of laboratory staff

Date : _____

Signature of the Student

Remarks and / or recommendation of the Supervisor/Faculty

Name and Signature of the Supervisor/Faculty

Date : _____

Dept./Section/Centre : _____

For Lab use only

Signature of the Faculty in-charge
SM Laboratory