

LAPTOP REQUEST APPLICATION FORM

Date :

From

Member ID : _____

Name : _____

Department : _____

Designation / Year of Study: _____

Faculty : _____

SRM University, Kattankulathur – 603 203

To

The University Librarian
SRM University,
Kattankulathur – 603 203.

Subject : Requesting Laptop from Library – Regarding

Purpose : Project Class Preparation Others _____

Requirement Description: *(Please write your Requirement Description for Laptop below)*

if required more than the Loan period (15 days), Please specify from _____ to _____
(Note: If availed for long period, the Member should renew the Laptop once in 15 days. Issue/ Renewal is subject to the availability)

Class In-charge

HOD

Director / Associate Director

I have received Laptop on _____ good condition and I am in whole responsible for the Laptop.

Signature of the Member: _____