



FET Lab Report Submission Cover Page

Section A – Filled Up By Student

Student Name : _____
Student ID : _____ Academic Year : Beta / Gamma / Delta / Epsilon
Subject Name : _____
Subject Code : _____ Lab Group : _____ Workstation No : _____
Experiment Name : _____
Experiment Code / Type : _____ Date Of Experiment : ___/___/___
Lab Supervisor Name : _____

Section B – Filled Up By Lab Staff / Management

Lab Report Received Date : ___/___/___

(Name / Sign / Stamp) – whenever is applicable

Remarks :

Section C– By Academician

MARKS :

Remarks :

Submission of Lab Report is from

12pm – 1pm & 4pm – 5pm (Monday – Thursday) ---- 12pm – 12.45pm & 4pm – 5pm (Friday)

Section D – Filled Up By Student

Student Name : _____
Student ID : _____ Lab Group : _____
Experiment Name : _____
Experiment Code / Type : _____

Section B – Filled Up By Lab Staff / Management

Lab Report Received Date : ___/___/___

(Name / Sign / Stamp) – whenever is applicable

** Student kindly get this slip from lab staff upon submission of lab report as proved of submission **