

FET Lab Report Submission Cover Page

Section A – Filled Up By Student

Student Name : _____
 Student ID : _____ Academic Year : Beta / Gamma / Delta / Epsilon
 Subject Code & Name: _____
 Workstation No : _____ Lab Group : _____ Student Major : BE / CE / EE / ME / RE / TE
 Experiment Name : _____
 Experiment Code / Type : _____ Date Of Experiment : ____/____/ ____
 Lab Instructor's 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 to lab staff as follows:-
 12pm – 12.45 pm & 4pm – 5pm (Monday – Friday)**



Section D – Filled Up By Student

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

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 **