



Institute Innovation Cell (IIC)

PROFORMA FOR PERMISSION TO USE THE 3D PRINTER.

Name of Student: _____

Regn. No.: _____

Department/Club/Project ID: _____

Mobile No.: _____

Email ID: _____

Whether drawing/print of part to be printed is attached: Yes No

Duration of Printing (Hours): _____

Purpose: _____

Utility: _____

Justification: _____

Signature of Student

Recommendation of Faculty Coordinator:

President / Vice President (IIC)

Allotted date & Time:

PROUD TO BE A PART OF TEAM SLIET, TOGETHER WE CAN MAKE A DIFFERENCE