

Request for work during weekends and weekdays after hours (June -2025)

Details of the student

- 1. Name of the Student:**
- 2. Registration Number:**
- 3. Enrolled post-graduate:** MSc / MPhil /PhD
- 4. NIC Number:**
- 5. Contact Number:**
- 6. Contact person in an emergency:**

Details of the supervisor

- 1. Name of the supervisor:**
- 2. Contact number:**

Details of the intended work

- 1. Duration of the work needs permission:**
Weekdays after-hours
Public holidays
- 2. Major equipment to be used:**
- 3. Nature of work in brief:**
- 4. Accompanying persons-**

Authorization of supervisor

AR- Examinations

Director