

Request Date: _____

Lab Equipment Transfer Form

Instructions:

Academic and lab staff shall use this form in case they need to transfer a lab equipment from one location to another location. The requester has to fill this form and obtain all necessary approvals before transferring the equipment.

Note: This form is an editable pdf form, please download it from [CL Portal](#), fill it electronically and submit through email.

Hardcopies are **NOT** accepted. If you encounter any issues with the **Send** option in this form, you can save it and send as an email attachment.

Requester Details

Name		Designation	
UOS ID No.		Department	
Contact No.		College	
I know How to Operate the Equipment Properly		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Equipment Details

Equipment Name		Model No.	
Barcode No.		Serial No.	
Equipment is in Good Working Conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
List of Accessories			

Transfer Details

Reason for Transfer

Duration of Transfer	<input type="checkbox"/> Temporary		<input type="checkbox"/> Permanent
	From	To	
Transfer From (Building No. /Room No.)		To (Building No./Room No.) or Outside UOS	

In case of outside UoS:

Event Name		Address	
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Specify if any support is required from CL Engineers (Installation, training, etc.)

Send	Click to send-Requester to Asset Custodian

Current Asset Custodian

Approval	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name		Building No./Room No.
UOS ID No.		Department
Contact No.		College

Comments:

Send	Click to send to the concerned Department Chair/Research Institute Director



Department Chair/Research Institute Director

Approval	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Name		Date	
Comments:			
		Send	Click to send to Central Labs Directorate

For Central Labs Directorate Only

Central Labs Engineer

Approval	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Name		Date	
Comments:			
		Send	Click to send to Central Labs Director

Central Labs Director

Approval	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Name		Date	
Comments:			
		Send	Click to send to Maintenance Management Officer

Submit

To notify the requester and Equipment custodian

CLD Ref. No.: _____