

Annexure 1: Lab Access and Booking Form

A. Applicant Information

1. **Full Name:** _____
2. **Organization/Institution:** _____
3. **Position/ Title:** _____
4. **Email:** _____
5. **Phone:** _____

B. Project/ Requirement Details

6. **Project Title:**

7. **Brief Project/ Requirement Description** (max 200 words):

8. **Intended Lab Use** (check all that apply):
 - ☐ Electric Vehicle Lab
 - ☐ Autonomous Vehicle Lab
 - ☐ Mobility Solutions Lab
 - ☐ Tools Room

9. Any specific Equipment Needed:

10. **Estimated Duration of Lab Use:** Start Date: __/__/____ End Date: __/__/____

11. Preferred Time Slot:

- ☐ Morning (9:30 AM – 1:30 PM)
- ☐ Afternoon (1:30 PM – 5:30 PM)
- ☐ Evening (6:00 PM – 8:00 PM)

C. Compliance and Certifications

12. **Do you have the necessary insurance coverage?** [] Yes [] No

If yes, please attach proof of insurance.

13. **Have you completed the mandatory safety orientation?** ☐ Yes ☐ No

If yes, date of completion: __/__/__

14. **Do you require any special accommodation?** ☐ Yes ☐ No

If yes, please specify: _____

D. **Agreement:** By signing below, I confirm that:

- I have read, understood, and agree to abide by the Lab Usage Guidelines.
- All information provided in this form is accurate and complete.
- I agree to the terms of the attached Liability Waiver.

Signature: _____ Date: __/__/__

Name: