

Material and Equipment Specifications Form (DSR.011)

Project Title							
Project Number							
No.	Name of Equipment / apparatus / materials	Model Number	Quantity	Manufacturer	Supplier	Department*	College*
1							
2							
3							
4							
5							
6							

• The college and department that the equipment, apparatus, material will be in their trust and at their disposal throughout the project duration.

I, the Principal Investigator, confirm that the required equipment, apparatus, materials are not available at the department / collage.

Name of Principal Investigator:

Signature:

To access (DSR.011) form in Word version, Please press or scan the following QR code





