**Department of Biotechnology**

**University of Kashmir**

**College/School visit requisition form**

 **Date:**

1. Name, mobile number and email ID of Visit in charge:
2. Department/affiliation:
3. Institute/college:
4. Purpose of visit:
5. Contact personnel at Department of Biotechnology:
6. Specific requirement/need:
7. Purpose of the visit:
8. Intended date and time of visit:
9. Duration of the visit:

I confirm that the Department of Biotechnology, University of Kashmir shall not be responsible for any misconduct or wrongdoing at all times during the “**period of visit**” & all concern students/personnel shall obey the instructions of the faculty members who are accompanying during the Departmental visit.

Signature of visit in charge Signature of Head/Principal

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| For any information: biotech@uok.edu.in or call 0194-2272384, 2272385 |