

# Permission for repeating an experiment in PYP-100 lab

Department of Physics, IIT Delhi

I request for your permission for repeating experiment no. .... , (title of the experiment)

.....  
due to

a) medical reason for the absence

(relevant medical certificate should be attached)

OR

b) mistake in taking the readings

(sheet for old readings should be attached)

Actual lab turn for the experiment (date):

New date when the experiment will be completed (consult the Staff and the TA):

Student's name:

(Teacher's Signature)

Entry No.:

Name: