



**Sophisticated Instrumentation Facility**

**User Information**

Date: \_\_\_\_\_

Name & Designation: \_\_\_\_\_

University/ Institution/College/Industry: \_\_\_\_\_

Address for Communication: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Research Supervisor's Name: \_\_\_\_\_

Phone/ Mobile Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Sample Information**

Name of equipment/facility required: \_\_\_\_\_

Number of samples/hours for the required facility: \_\_\_\_\_

Information for measurement: \_\_\_\_\_

Special instructions if any: \_\_\_\_\_

Date and time required for the facility: \_\_\_\_\_

**Recommendation from the Head of Department**

The above samples may be accepted on the behalf of our Department/ Institution/Industry

Signature of user

Supervisor's Signature

Signature  
Head of Department

**For office use only**

Payments received vide receipt no..... DD.....Dated.....Amount.....

Contact person for the use of facility.....

Approved by.....

Date:

Signature