Instrument Utilization Request Form

Applicant's Name: ……

Department/School: ……

Institute's Name: ……

Roll No: ……

Email id: …… Mobile No.: ……

Qualification (UG/PG/PhD): ……

Name of Supervisor/PI: ……

Department of Supervisor/PI: ……

Supervisor's/ PI's Email: ……

Facility to be Utilized: ……

No. of Samples: ……

Workpiece Material: ……

Type of Work (Academic/ Research/ Sponsored Project/ Consultancy): ……

The PI/Supervisor has agreed to make the applicable payment upon approval: Yes/ No

Date: (Signature of Applicant)

Forwarded By (Signature of Supervisor/PI)

Approved by Coordinator, CoEMTD