Requisition Form for use of Facility  
(Outside Office Hours)

Name of user:  ………………………………………………………………………………………………………

Designation (MSc/MTech/ Project/PhD/ RA/Faculty): ……………………………………………………………

Department and Lab (Rm) No.:……………………………………………………………………………………

Tel/ Mobile no:……………………………… Email: ………………… …………………

Instrument to be Used: ……………………………………………………………………………………………

Slots for usage (Circle one):  5:00 – 7:30  7:30 - 10:00

Date of Usage:  …………………………… Number of samples:…………………………………….

Type of Sample: ………………………………………………………………………………………………………

Remarks for special needs (e.g. usage for extended time period beyond approved slot timings):

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Undertaking:
I/we undertake to abide by the safety and sample preparation guidelines and precautions during testing of my samples. I/we also assure to use the facility in the best of faith and apply extreme caution in handling the instruments inside the facility.

Signature of User: _______________________   Signature of Supervisor: _______________________

Date of submission of requisition: _____________________

Approved by Co-ordinator

Coordinators
1) Fluorescence: Dr Pramit Kumar Chowdhury
2) HPLC: Dr V Haridas
3) CV: Dr S Nagendran
4) Absorption spectrometer: Dr Sameer Sapra
5) FTIR: Dr Pramit Kumar Chowdhury