

JOB REQUISITION FORM FOR FACILITY UTILIZATION

Facility Required:			
Name:		Designation:	
Address: (Institution / Department)		Contact No: E – mail:	
Supervisor:		Contact No: E – mail:	
Billing address:			
Internal (PSG) / External / Industry			
Number of slots/Samples (Max. 4):		Slot:	Sample:
Sample No.	Sample type & composition	Conditions	
<p>This work is part of the research activity of the department / center. No remuneration or compensation is received from any agency. Further, it is certified that the sample(s) do not pose a health risk.</p> <p align="right">Signature of Researcher</p> <p>Date: Signature of Head of the Dept / Institution</p> <p>Signature of Faculty in charge</p> <p>Remarks</p> <p align="right"><i>Approval</i></p> <p align="right">Director, PSG IAS</p> <p align="center">For Office use only</p>			
Ref. No. -		Date and time allotted	
Job completed on Date		Remarks	