

***JOB REQUISITION FORM FOR FACILITY UTILIZATION***

Name:		Designation:
Address: (Institution / Department)		Contact No: E – mail:
Supervisor:		Contact No: E – mail:
Billing address :		
Internal (PSG) / External / Industry		
Facility required		
<b>Number of slots/Samples (Max. 4):</b>	Slot:	Sample:
<b>Sample No.</b>	<b>Sample type &amp; composition</b>	<b>Conditions</b>
<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><b>Testing / Consultancy</b> (<i>strike out whichever is not applicable</i>)</p>		<p><b>Signature of Researcher</b></p>
Date:	<p><b>Signature of Head of the Dept / Institution</b></p>	
Signature of Faculty in charge		
Remarks : DD payable at Coimbatore, in the name of “ <b>PSG Centre for Sponsored Research and Consultancy</b> ”		
		<p><i>Approval</i></p>
		<p><b>Director, PSG IAS</b></p>
<b>For Office use only</b>		
Ref. No. : DD number/date:	Date and time allotted	
Job completed on Date	Remarks	