

JOB REQUISITION FORM FOR THERMAL EVAPORATOR

Name:		Designation:	
Address: (Institution / Department)		Contact No: E – mail:	
Supervisor if applicable:		Contact No: E – mail:	
Billing address :			
Internal (PSG) / External / Industry			
Sample details		No. of samples:	No. of layers:
Sample No.	Layer details	Remarks any	
<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 style="text-align: right;">Signature of Researcher</p> <p>Date: Signature of Head of the Department / Institution</p>			
For Office use only			
Signature of Faculty in charge:			
Remarks			
Approval by Director, PSG IAS		Ref. No. -	
Signature:			
Date and time allotted:		Job completed on:	
Remarks by Technical staff:			