

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		
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>		
		Signature of Researcher
Date:	Signature of Head of the Dept / Institution	
Signature of Faculty in charge		
Remarks		
		<i>Approval</i>
		Director, PSG IAS
For Office use only		
Ref. No. -	Date and time allotted	
Job completed on Date	Remarks	