

***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 healthrisk.</p> <p align="right"><b>Signature of Researcher</b></p> <p><b><i>Testing / Consultancy (strike out whichever is not applicable)</i></b></p> <p>Date: <span style="float: right;"><b>Signature of Head of the Dept /Institution</b></span></p> <p>Signature of Faculty in charge</p> <p>Remarks : DD payable at Coimbatore, in the name of “PSG Centre for Sponsored Research and Consultancy”</p> <p align="right"><i>Approval</i></p> <p align="right"><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	