

***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:</b>		Slot:	Sample:
Sample No.	Sample Name & 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 healthrisk.</p>			
<p><b>Testing / Consultancy</b> (<i>strike out whichever is not applicable</i>)</p>			<p><b>Signature of Researcher</b></p>
<p><b>Date:</b></p>		<p><b>Signature of Head of the Dept /Institution</b></p>	
<p>Signature of Faculty in charge</p>			
<p align="right"><i>Approval</i></p>			<p><b>Director, PSG IAS</b></p>
<p><b>For Office use only</b></p>			
<p>Ref. No. : Date:</p>		<p>Date and time allotted</p>	
<p>Job completed on Date:</p>		<p>Remarks</p>	