

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:	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 healthrisk.</p>		
<p>Testing / Consultancy (<i>strike out whichever is not applicable</i>)</p>		<p>Signature of Researcher</p>
Date:	<p>Signature of Head of the Dept /Institution</p>	
Signature of Faculty in charge		
Remarks : DD payable at Coimbatore, in the name of “PSG Centre for Sponsored Research and Consultancy”		
		<p><i>Approval</i></p>
		<p>Director, PSG IAS</p>
For Office use only		
Ref. No. : DD number/date:	Date and time allotted	
Job completed on Date	Remarks	