



राष्ट्रीय तकनीकी शिक्षक प्रशिक्षण एवं अनुसंधान संस्थान, चंडीगढ़
National Institute of Technical Teachers Training and Research, Chandigarh
APPLIED SCIENCE DEPARTMENT

Form for the use of High-End equipment

1. Equipment Name/Technical Services: _____
2. Name and Contact number of Student: _____
3. Name of the Institution: _____

Academic/Research Institution

Industries/Others

4. Department and Degree in which enrolled: _____
5. Name of the Supervisor: _____
6. Number of Samples: _____
7. Sample and Substrate details: _____
8. Operating parameters: _____
9. Expected Features: _____
10. Time and Date (requested): _____

UNDERTAKING: I will make sure that I follow the appropriate rules and regulations of the laboratory and take up precautions while working with the instrument. The data/product should only be used for research purpose. I also state that in case results are published in any research journal, the laboratory will be duly acknowledged.

Payment Details:

Amount: Rs. _____ Transaction No. _____ Dated: _____

Mandatory: - Upload a copy of the payment receipt and user form.

Advisory: - Researchers are advised to visit personally for satisfactory analysis of the sample.

Signature of student with date

Signature of Supervisor with date

For Laboratory Use

Allotted Date _____ and Time: _____

Signature of Operator

Signature of the HOD/Faculty In-charge