

सूक्ष्मजीव प्रौद्योगिकी संस्थान
सेक्टर - ३९ए, चंडीगढ़ - १६००३६
Institute of Microbial Technology
Sector - 39A, Chandigarh - 160036

प्रमुख उपकरणों की सुविधायों के उपयोग के लिए फॉर्म
Form for availing Major Instrument Facilities

Ref. No.: _____ (To be filled by office) Date: _____

Name: _____, Designation: _____

Name of the Organization: _____

Whether Government/ Educational/ Industry: _____

Address for communication: _____

Bill to be address to: _____

Mobile Number: _____, E-Mail: _____

Details of Facility to be availed:-

Name of the facility: _____

(For list of the facilities available and their details refer to our website. The sample must be prepared as per the instructions.)

Detailed description about the sample: (Number of Samples, Nature of Sample, Type of solvent used (if any), Mode/ Operating condition of instrument, etc. Please attach extra sheet for additional information.)

(Kindly consult IMTECH staff for sample/sample preparation before bringing your samples for analysis.)

Payment Details:-

DD No.: _____, Date: _____, Amount: _____, Bank: _____

Note: The demand draft must be drawn in favour of Director, Institute of Microbial Technology, payable at Chandigarh.

Undertaking:-

Certified that sample submitted belong to the user mentioned above.

I/We undertake to abide by the safety and sample preparation guidelines and precautions during testing of my samples.

I/We shall not claim for any damage/harm to my samples submitted for the analysis by IMTECH equipment.

I/We shall give due acknowledgement to IMTECH along with the name of the person(s) providing the technical help in the results so published in journals and also inform IMTECH about the publications which acknowledges the use of IMTECH facilities.

Signature of User

**Signature of User's Head of the Department
(with official seal)**

(For office use only)

Date of submission of requisition to Consortium/Incharge:

Signature of MIF Incharge

Date of sample received	Date of sample analyzed	Date of results delivered	Log Book Entry No.	Analyst
Date	Receipt Number (Copy attached)	Amount (Rs.)		

Date: _____

Name & Signature of the concerned person