

Serial No.:

GUWAHATI BIOTECH PARK INCUBATION CENTRE

Technology Complex: IIT Guwahati, Guwahati 781039

REQUISITION FORM FOR INSTRUMENT SERVICES

(Separate forms to be filled for different instrument services)

Name of User:

Department:

Name & Address of Institute / Organization:

Phone:

Fax:

Email:

Instrument service required:

Date and Time of use:

Duration of use:

Numbers of sample:

Note:

- The user needs to follow the instruction manual of the instrument to be used for safety of the instrument as well as the user.
- Extra charges may be applicable if additional time is required.
- After the use of the instrument proper cleaning as per the requirements of the instrument is mandatory.
- In case of mishandling and willful damage to the instrument the user shall be liable to pay the damage charges.

Signature of user

Name:

Designation:

Signature of the forwarding authority

Name:

Designation:

For Office Use Only

Requisition received by:

Instrument Required:

Duration of use:

Numbers of sample:

Charges (Cash / Check/Demand Draft):

(Check/DD should be drawn in favour of Guwahati Biotech Park Incubation Centre, payable at Guwahati)

F / A Section, GBP

Date & Time of receipt of Charge:

In charge Scientist, GBP

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