

FORM NO. \_\_\_\_\_



CENTRAL RESEARCH FACILITY  
INDIAN INSTITUTE OF TECHNOLOGY KHARAGPUR

REQUISITION FORM FOR USE OF 2D-GEL ELECTROPHORESIS

**INTERNAL**

I would like to use the following instrument facility for analysis of my samples.  
I do also declare that I shall acknowledge the relevant facility in CRF in the future Publications.

**Sample Size** \_\_\_\_\_

Use separate forms for different analysis/instruments under download link

The estimated charge for the above work is INR. \_\_\_\_\_

Signature of the supervisor with date: \_\_\_\_\_

Name of the user and supervisor: \_\_\_\_\_  
\_\_\_\_\_

Department/Centre/Institute: \_\_\_\_\_

Please transfer an amount of INR. \_\_\_\_\_ as service charge for the above purpose from the Department Operating Grant or DDF of the Department/Centre/Project/Consultancy Code \_\_\_\_/  
FDF to the **SRIC Project Code: \_\_XYZ-20\_\_** or A/c No. **RS SB- 95562010000805 (IFSC: SYNB0009556) kept with SRIC.**

**This is to certify that the project/department has sufficient fund under appropriate head.**

Signature with Seal of the HoD/HOC/PI of the project

To,  
Deputy Registrar (SRIC)

TERMS & CONDITIONS AND CHARGES FOR AVAILING INSTRUMENT FACILITIES

1. For the time slot and other necessary criteria, please contact the concerned staff beforehand
2. Repeat of analysis may be done if there is any instrumental or operating error.
3. Acknowledge the CRF Facility in the future publication if any.

| CHARGES                        | DURATION   | AMOUNT IN INR |
|--------------------------------|------------|---------------|
| Internal(Institute)            | Per sample | 300/-         |
| Internal(project)              | Per sample | 400/-         |
| External users(academic/R & D) | Per sample | 800/-         |
| Industry                       | Per sample | 2000/-        |