

FORM NO. _____



CENTRAL RESEARCH FACILITY
INDIAN INSTITUTE OF TECHNOLOGY KHARAGPUR

REQUISITION FORM FOR USE OF ANALYTICAL ULTRA CENTRIFUGE

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)	1 slot = 6 Hrs	100/-
Internal(project)	1 slot = 6 Hrs	200/-
External users(academic/R & D)	1 slot = 6 Hrs	2000/-
Industry	1 slot = 6 Hrs	4000/-