



S.N. Bose Innovation Centre (Instrumentation Facility)
University of Kalyani

Requisition Form for Instrument Booking

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1. Name of the Researcher (In Block Letters): _____
 2. Contact (Mobile): _____ Email: _____
 3. Instrument/Facility to be used: _____
 4. Department: _____
 5. School: _____
 6. Institution/University/College: _____
 7. Name of the Course : _____ Enrolment details: _____
 8. Name of the Supervisor/Co-supervisor: _____
 9. Brief description of the experiment and sample: _____

 10. Number of samples: _____
 11. Special requirements (If any): _____

Date:

Place:

Endorsement by the Supervisor/Co-supervisor
(with Sign and Seal)

Signature of the Candidate

Please Note:

- (1) The charges have to be paid at the time of delivery of the analysis data / Spectral data etc. All payments should be made to the KU Account xxxxxxxxxxx at xxxxxxxxxxx.
- (2) In all publications of research work, where in the analytical services of the CIL have been made use of, the CIL and the KU shall be duly acknowledged.
- (3) Kindly send us the publication reference to coordinatorstpurse@gmail.com (Journal name/volume number/names of the authors/date of issue of the publication etc).
- (4) Data will be supplied in the Blank Compact Disc provided by the user.

FOR OFFICE USE

Requisition Number: _____ Date Received: _____ Date completed: _____
Operator: _____ In-charge: _____ Coordinator: _____
Details of payment received: _____
Acknowledgement from user: Received data on completion of experiment.
Signature: _____ Name: _____ Date: _____