

भारतीय प्रौद्योगिकी संस्थान जोधपुर
रसायन विज्ञान विभाग
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Requisition Form (For utilizing the facility after office hours)

User names, Roll No., Mail ID and Contact information:

(1)

(2)

Name of supervisor:

Equipment to be used:

Date of booking:

Time Duration:

From

to

Status of same equipment in CIF-D:

Signature & Verified by Technical staff (CIF-D):

Justification to access the equipment Facility after office hours:

(a) Signature of users

(b) Signature of Supervisor

(c) Head,
Department of Chemistry

Declaration

We accept the risks and the responsibility for any consequences arising from equipment with this declaration and we also agree for expenses.

(a) Signature of Student _____ (b) Signature of Supervisor _____