

Bundelkhand University

Innovation Centre

User Form

1. Name of the User:.....
2. Department/Institute:.....
3. University:.....
4. Contact detail of User: Mob.....E-Mail:.....
5. Equipment Use details
 - a) Name of the Equipment to be used.....
 - b) Brief detail of the purpose of analysis.....
 - c) Detail of the Sample(s)
 - I. No. of samples:
 - II. State/Nature: Solid/Liquid/Volatile
 - III. Solubility:
 - IV. Toxicity: Yes/No, give detail if yes.....
 - V. Radioactive: Yes/No, give detail, if yes
 - VI. For GC-MS pl. provide following additional information

6. Payment detail

| DD/Banker Cheque/Receipt no. | Date | Total Amount | Paid | Bank/BU Cash Counter |
|---------------------------------|------|-----------------|------|----------------------|
| | | | | |

7. I/We hereby declare that information given above is correct. We shall acknowledge Innovation Centre, Bundelkhand University, Jhansi, India in any type publication of this data.

Name & Signature of the User
Date

Name & Signature of the Supervisor
Date:

For the Use of Innovation Centre Only

Pls. ensure submitting the Equipment Usage Charges Total Rs.@
Rs.....per sample analysis onEquipment(s)

Coordinator, Innovation Centre

✂.....✂

Sample(s) Receipt

Received.....no. of samples from Dr/Mr./Ms..Dept.....
For analysis on.....

Received by