

**Innovation Centre
Bundelkhand University, Jhansi
User Form**

<p>1. Name of the User:.....</p> <p>2. Department/University:.....</p> <p>3. Contact detail of User: Mob.....</p> <p>4. e-Mail ID:.....</p> <p>5. Equipment Use details</p> <p>a) Name of the Equipment to be used.....</p> <p>b) Brief detail of the purpose of analysis.....</p> <p>c) Details of the Sample(s)</p> <p>I. No. of samples:</p> <p>II. State/Nature: Solid/Liquid/Volatile</p> <p>6. Payment detail</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">DD/Banker Cheque/Receipt no.</th> <th style="width: 15%;">Date</th> <th style="width: 25%;">Total Paid Amount</th> <th style="width: 35%;">Bank/BU Cash Counter</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> <p>7. I/We hereby declare that information given above is correct. We shall acknowledge the Innovation Centre, Bundelkhand University, Jhansi, India in any type of publication of this data.</p> <p>User's sign _____ Date _____</p> <p style="text-align: right;">Supervisor' sign _____</p> <p><i>(The Equipment usage charges are given at right side of the leaflet)</i></p>	DD/Banker Cheque/Receipt no.	Date	Total Paid Amount	Bank/BU Cash Counter					<p>Equipment Usage Charges <i>(Please refer for the applicable charges)</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 5%;">S. 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