



राष्ट्रीय तकनीकी शिक्षक प्रशिक्षण एवं अनुसंधान संस्थान, चंडीगढ़  
**National Institute of Technical Teachers Training and Research, Chandigarh**  
**APPLIED SCIENCE DEPARTMENT**

**Form for the use of High-End equipment**

1. Equipment Name/Technical Services: \_\_\_\_\_
2. Name and Contact number of Student: \_\_\_\_\_
3. Name of the Institution: \_\_\_\_\_

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Academic/Research Institution

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Industries/Others

4. Department and Degree in which enrolled: \_\_\_\_\_
5. Name of the Supervisor: \_\_\_\_\_
6. Number of Samples: \_\_\_\_\_
7. Sample and Substrate details: \_\_\_\_\_
8. Operating parameters: \_\_\_\_\_
9. Expected Features: \_\_\_\_\_
10. Time and Date (requested): \_\_\_\_\_

**UNDERTAKING:** I will make sure that I follow the appropriate rules and regulations of the laboratory and take up precautions while working with the instrument. The data/product should only be used for research purpose. I also state that in case results are published in any research journal, the laboratory will be duly acknowledged.

**Payment Details:**

Amount: Rs. \_\_\_\_\_ Transaction No. \_\_\_\_\_ Dated: \_\_\_\_\_

**Mandatory:** - Upload a copy of the payment receipt and user form.

**Advisory:** - Researchers are advised to visit personally for satisfactory analysis of the sample.

Signature of student with date

Signature of Supervisor with date

**For Laboratory Use**

Allotted Date \_\_\_\_\_ and Time: \_\_\_\_\_

Signature of Operator

Signature of the HOD/Faculty In-charge