

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

User Details:

Sr. No.	Roll Number	Name	E-mail

Name of supervisor:

Equipment to be used:

Date of booking:

Time Duration: From

to

Justification to access the equipment Facility after office hours:

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

Signature of Student _____ Signature of Supervisor _____

Status of the same equipment in CDIF:

(Recommended/Not Recommended)

CDIF Staff Co-Ordinator

Head, Department of Chemistry