Bose Institute

Central Instrument Facility

User's form

Name of the Student/User:…… Contact No……..

Supervisor Name :…… Department……..

Name of the instrument:…… Sample/Hr/Run/Day……

Date of Booking* …… Date of Execution……..

Charges per sample/hour/Day: Rs…… Total no of sample/hour/Day/: ……

Total Charges : Rs. …… A/c head: IMR……/EMR……..

Signature of the Student/User

Signature of the Supervisor/Guide

Recommendation of CIF Chairman

Note: * Cancellation of booking should be made prior to 48 hours of the experiment date(On date booking excluded)

**Results are subject to sample preparation done by students/users.

***Collection of Raw data should be done within one week of the experiment date.