

**सूक्ष्मजीव प्रौद्योगिकी संस्थान**  
**सैक्टर - ३९ए, चंडीगढ़ - १६००३६**  
**Institute of Microbial Technology**  
**Sector - 39A, Chandigarh - 160036**

**प्रमुख उपकरणों की सुविधायों के उपयोग के लिए फॉर्म**  
**Form for availing Major Instrument Facilities**

Ref. No.: \_\_\_\_\_ (To be filled by office) Date: \_\_\_\_\_

Name: \_\_\_\_\_, Designation: \_\_\_\_\_

Name of the Organization: \_\_\_\_\_

Whether Government/ Educational/ Industry: \_\_\_\_\_ GSTIN: \_\_\_\_\_

Address for communication: \_\_\_\_\_

Bill to be address to: \_\_\_\_\_

Mobile Number: \_\_\_\_\_, E-Mail: \_\_\_\_\_

**Details of Facility to be availed:-**

Name of the facility: \_\_\_\_\_

(For list of the facilities available and their details refer to our website. The sample must be prepared as per the instructions.)

**Detailed description about the sample:** (Number of Samples, Nature of Sample, Type of solvent used (if any), Mode/ Operating condition of instrument, etc. Please attach extra sheet for additional information.)

(Kindly consult IMTECH staff for sample/sample preparation before bringing your samples for analysis.)

**Payment Details:-**

DD/Ref. No.: \_\_\_\_\_, Date: \_\_\_\_\_, Amount: \_\_\_\_\_, Bank: \_\_\_\_\_

**Note:** The demand draft must be drawn in favour of Director, Institute of Microbial Technology, payable at Chandigarh.

**Undertaking:-**

Certified that sample submitted belong to the user mentioned above.

I/We undertake to abide by the safety and sample preparation guidelines and precautions during testing of my samples. I/We shall not claim for any damage/harm to my samples submitted for the analysis by IMTECH equipment.

I/We shall give due acknowledgement to IMTECH along with the name of the person(s) providing the technical help in the results published in journals.

Institute bears no responsibility about the authenticity of the data.

**Signature of User**

**Signature of User's Head of the Department**  
**(with official seal)**

(For office use only)

**Date of submission of requisition to Consortium/Incharge:**

**Signature of MIF Incharge**

Date of sample received	Date of sample analyzed	Date of results delivered	Log Book Entry No.	Analyst
Date	Receipt Number (Copy attached)	Amount (Rs.)		

Date: \_\_\_\_\_

Name & Signature of the concerned person