

CENTRAL FACILITY LAB

Performa (Option for Use of Instruments under Institute Central Facility)

Name of the faculty member: _____

Designation: _____

Department: _____

Email Address: _____

Phone No. _____

Field of Specializations: _____

Name of the research Students working under his/her supervision:

I undertake to pay Rs. 5000/- per year from my PDA for carrying out the analysis of the samples on the instruments available in the institute as Central Facility.

An amount of Rs. 5000/- may be deducted annually (Financial year) directly from my PDA for using these testing facilities in the institute. The details of my PDA are as under,

1. Amount of PDA available (Block years 2018-2021): _____

2. Expenditure till date: _____

3. Balance amount: _____

Signature of Faculty Member

Chairman, Central Facility