**INDIAN INSTITUTE OF TECHNOLOGY TIRUPATI**

**EQUIPMENT USAGE REGISTRATION FORM-INTERNAL**

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| --- |
| Equipment Usage Details: |
| 1. | Name of the Test | : |
| 2. | Details of the equipment | : |
| 3.  | Department in which equipment is placed | : |
| 4. | No. of Samples/ Specimens to be tested:Name of samples/ specimens(Please indicate if the samples are harmful or poison-based or explosive or radioactive or any other unusual category) | :: |
| 5. | Rate per Sample/Test | : |
| 6. | Total Rate  | : |
| Applicant Details:  |
| 7. | Name of the Applicant | : |
| 8. | Designation of the Applicant | :  |
| 9. | Department | :  |
| 10. | Email ID | : |
| 11. | Phone Number | : |
| 12. | Signature of the applicant | : |
| 13. | Source of Fund(Sponsored Project/ Consultancy Project / Department) | : |
| 14.a | In case source of fund is from Project |
|  | Project Number | : |
|  | Signature of the PI | : |
| 14.b | In case source of fund is from Department  |
|  | Recommendation of Faculty | : |
|  | Approval of HOD | : |

**For Office Use:**

Checked by Department Equipment Usage Coordinator:

Forwarded to: