

Nd-Yag Dye Laser

Name..... Date of sample submission.....
Institution..... Faculty..... Dept.....
Address.....
Telephone / Mobile No..... Fax No..... Email.....
Sample identification No.....
No. of SamplesProject No. / Course No.....

1. I agree to acknowledge **Research Sector Projects Unit (GS 03/01)** in Annual Reports, Final Reports, Graduate student's thesis and generated publications. I also confirm that these analyses are consistent with the objectives of my on-going research projects / research. I agree to pay standard charges for analysis done for Non-RA funded projects/samples from outside.

2. I agree to forward to the VDR-Science, any papers which may be published due to the usage of the instrument

Sample Hazard : ☐ Toxic ☐ Explosive ☐ Corrosive ☐ Flammable ☐ Non-Hazardous

P.I / Supervisor.....Signature of P.I.....

Brief description of the experiment required (use additional sheet(s), if any)

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ENDORSEMENTS

..... Principal Investigator (VDR) Co. Investigator (Head of respective Department) Head of the requesting institutions for non-Faculty of Science.
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FOR LAB USES ONLY

Date:Sample Received.....Analyzed.....
Technician.....
Remarks.....
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* Please collect your samples within one week after collecting the results

* For more information about RSPU facility, please visit: <http://histonano.com/rspu/>