

ST. ALOYSIUS' COLLEGE (AUTONOMOUS), JABALPUR(M.P.)
CENTRAL INSTRUMENTATION CENTER
 (Application/Request Form For Lab Facility)

Request No.: SAC/CIC/20...../..... Duration of Lab work: Date: From To	For Office use only Teacher Incharge (Referral) for Lab
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A. User Information

1. Name(s):.....
2. Category (M.Sc / Research Scholar/Other):.....
3. Affiliation:.....
4. Address for Communication:
5. Phone Number:.....6. Email Address:.....

B Details of Lab work

1. Nature of Work:.....
2. Which instrumental facility wants to avail:.....

S.No.	Instrumentation		
1	FTIR Spectroscopy	6	Atomic Absorption Spectroscopy
2	UV Spectroscopy	7	HPLC
3	XRD	8	Fluorescence Microscopy
4	AFM	9	Biochemical Analyser
5	Reflectometer		

Signature of Applicant

Name of Applicant:.....

C. Certification and Undertaking (By HOD /Principal/Guide /Managing Director):

This is to certify that the user is a student/Research Scholar of our organization. I assure you that, all publications arising out of research work, where the lab facility and analytical services of CIC, St. Aloysius College, and Jabalpur have been made use of, CIC, St. Aloysius College, Jabalpur shall be duly acknowledged.

Signature with date & seal

Name:.....
 Date:.....

Sanctioning Authority:
 Dr.Fr.G.VazhanArasu
 Principal, St. Aloysius'
 College(Autonomous),Jabalpur

