



भारतीय विज्ञान शिक्षा एवं अनुसंधान संस्थान भोपाल
Indian Institute of Science Education and Research Bhopal
Department of Chemical Engineering
Bhopal By-pass Road, Bhauri, Bhopal 462066

TRAINING REQUEST FORM

Request #: _____ (for office use only)

Date: _____

Student's Name (Capital Letters):																				
Supervisor's Name (Capital Letters):																				

PhD

MS

Roll No:

Department:	
Email:	
Phone:	

Nature of Work (please provide details):

Training for which facilities are required for your work (write the name of the instruments):

Do you have any prior knowledge of handling the said instruments? Yes/ No

Mark the level of your knowledge on the said instrument - Excellent

Average

Familiar

RULES

1. The user of the facility is responsible for cleanup after use.
2. The user(s) must follow the lab guidelines strictly during work in the lab.
3. The user(s) must follow the safety procedures during work in the lab.

Researcher's Name: _____

Supervisor's Name: _____

Signature: _____

Signature: _____

Email: _____

Email: _____

Date: _____

Date: _____

For office use only

Accepted

Rejected

Faculty In-charge 1: _____

Signature: _____

Date: _____

Signature of Lab In-Charge:

Date:

Faculty In-charge 2: _____

Signature: _____

Date: _____