



Radiation Monitoring and Assessment Laboratory
Dr B R Ambedkar National Institute of Technology, Jalandhar
Equipment Utilization Form for External/Internal User

| | |
|--|-----------------|
| Name of User: | |
| E-mail: | |
| Contact Number: | |
| Status (Faculty/Scholar): | |
| Institute/Industry Name & Department: | |
| Name of Supervisor & Signature: | |
| No. of Samples (Max. 20): | |
| Type of Sample (Please tick): | Toxic: Safe: |
| Equipment required: | |
| Elements/Properties to be analyzed: | |
| Pre-processing required (Yes/No): | |
| Payment Receipt No.: | NITJ/ |
| Signature of user: | |

Note:

1. Please fill the form, Payment Receipt No. before Submitting the application.
2. Number of samples at a time should be not more than 20.
3. Time slot for internal candidates : Wednesday to Friday
4. Time slot for External candidates : Monday & Tuesday
5. Kindly acknowledge 'Radiation Monitoring and Assessment Laboratory, NIT Jalandhar' in your research publications.
6. Please bring your own CD/DVD to take the data (Pen-drive/ external hard disk etc., are not allowed).

| For official use only | |
|------------------------------|--|
| Date of submission | |
| Time slot | |
| Signature of operator | |

Signature of Incharge
(Dr. Rohit Mehra)