



FACILITY USAGE REQUEST FORM



Institute of Pharmacy
ASSAM DON BOSCO UNIVERSITY
Tapesia, Sonapur, Guwahati, 782402 Assam, India.
Email: hod.phar@dbuniversity.ac.in

Form No: _____

User Information

Name: _____ Designation: _____

Guide Name (If student): _____ Department: _____

School: _____

Address (if outside university user): _____

Tel/Mobile No.: _____ Email: _____

User Category (Student / Research Scholar / Faculty): _____

Facility/Instrument Usage Details

Instruments/Facility to be used (Instrument number to be filled by Departmental Expert):

1. _____ Inst. No _____

2. _____ Inst. No _____

3. _____ Inst. No _____

4. _____ Inst. No _____

Purpose of Use: _____

Proposed Date: _____ Actual Date of Use (to be filled by office): _____

Number of Samples: _____ Type of Samples: _____

Undertaking

1. I/We undertake to strictly adhere to all safety protocols and sample preparation guidelines during the testing and analysis of my/our samples.
2. I/We understand that the Institute shall not be held responsible for any damage, loss, or alteration to the samples submitted due to the use of any equipment or facility.
3. I/We accept full responsibility for any damage caused to the instruments or equipment during their use and agree to bear the cost of repair or replacement.
4. I/We will conduct all experimental procedures only in the presence of authorized departmental staff.
5. I/We commit to acknowledging the use of Institute of Pharmacy facilities in all related publications and will submit a copy of the publication to the Institute for its records.

Signature of User	Date	Signature of Guide/Supervisor (if applicable)	
Office Use Only			
Approved by	Designation	Date of Approval	Signature

Name of Assigned Departmental Expert: _____ Sign _____