

FORMAT FOR PERMISSION (IN DUPLICATE)

CENTRAL INSTRUMENTS' FACILITY

COLLEGE OF VETERINARY SCIENCE, ASSAM AGRICULTURAL UNIVERSITY, KHANAPARA,
GUWAHATI - 781 022

A. To be filled up by the User:

1. Name & designation:
2. Roll No (for student only):
3. Department / Address:
4. Name of Equipment/Lab. to be used:
5. Name of the Supervisor/HOD:

Date: -----

Signature of the User

B. To be filled up by the Supervisor/HOD/PI:

Dr./Mr./Ms. ----- may be allowed to do the research work in the above mentioned laboratory of Central Instruments' Facility and he/she will be responsible for proper handling of the equipment and abide by the rules and regulation of CIF, CVSc, AAU.

Date: -----

Signature of the Supervisor/HOD/PI

SEAL

C. The Permission Format submitted by Dr./Mr./Ms. _____ for his/her research work in CIF is granted and forwarded to the I/C of the Equipment/Instrument. **Date** _____

Signature of the I/C, CIF, CVSc, AAU

SEAL

D. To be filled up by the In-Charge of the Equipment/Instrument:

1. Time and date of the work:
2. Number of keys to be issued (if any):

Date: -----

Signature of the I/C of the Equipment/Instrument

-
- i. CIF will provide only Instruments Facility. Arrange all consumables at your own.
 - ii. **Acknowledge the utilization of facilities in publication of papers/thesis/reports with a copy to CIF.**
 - iii. To download this form and for other information, please visit [http:// www.vetbifguwahati.ernet.in](http://www.vetbifguwahati.ernet.in)

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GUWAHATI - 781 022

A. To be filled up by the Teacher/Scientist/Principal Investigator (PI)/Co-PI:

1. Name:
2. Designation:
3. Department/Name of the Project:
4. Name of Equipment/Lab. to be used:
5. Name of the Supervisor/HOD:

Date: -----

Signature & Designation

SEAL

B. To be filled up by the Supervisor/PI/HOD:

Dr./Mr./Ms. -----, from the Department of -----
may be allowed to do the research work in the above mentioned laboratory of Central Instruments' Facility and he/
she will ----- be responsible for proper
handling of the equipment and abide by the rules and regulation of CIF, CVSc, AAU.

Date: -----

Signature of the Supervisor/HOD

SEAL

C. The Permission Format submitted by Dr./Mr./Ms. _____ for his/her research work in
CIF is granted and forwarded to the I/C of the Equipment/Instrument.

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