Form No: RD-PRJ-7

Indian Institute of Technology, Hyderabad

Sponsored Research & Consultancy

Request for utilisation of equipment facility (Internal/ External users)

Date:* _____

1	Name of the End user*	:	
2	Emp ID (if internal)	:	
3	Name of the equipment/ facillity*	:	DBT-SAHAJ Facility/ Single Molecule and Super Resolution Imaging Microscope
4	Name of the Faculty in-charge of the Facility*	:	Dr. Gunjan Mehta
4	Department	:	Biotechnology
5	Purchase/ Work Order No. & date (If to external user)	:	
6	Address on which invoice to be raised (If to external user)	:	
7	GST No. of the entity on whom invoice is being raised (If to external user)	:	
8	Is Reverse GST applicable (Yes/ No) (If to external user)	:	
9	If Internal, Please indicate, Source of Funding	:	Project No.* : _____ Sub Head*: _____

10 Invoice Information*

Base amount (A)*	No. of Samples/ Slots (B)*	Total Amount (C=A*B)*	Overhead# (D=50% of C)*	GST# (E=18% on (C+D))*	Grand Total (F=C+D+E)*

*Note: 1. * fields are mandatory. Partially filled/Incomplete forms may be reverted;*

2. #Overhead, Invoice and GST are not applicable to testing the samples, if testing is done internally i.e. from one department to the other department of IITH.

Requested by

Signature of end user

Signature of the Facility (In-charge)

Dr. Gunjan Mehta