

Central University of Karnataka

Kadaganchi, Aland Road, Gulbarga Dist. - 585 367

Sophisticated Instrumentation Center



CENTRAL UNIVERSITY OF KARNATAKA

User Form

1. Applicant Details

- Name of Applicant: _____
- Designation / Status:
☐ Faculty ☐ Research Scholar ☐ Student ☐ External User
- Department / Institution/ Industry: _____
- University / Organization Address: _____
- Mobile Number: _____
- Email ID: _____

2. Instrument Details

- Name of Instrument Required: _____
- Purpose of Use (Research / Analysis): _____
- Type of Sample: _____
- Number of Samples: _____
- Sample Description (Chemical nature / Hazard details if any) _____

3. Booking Details

- Preferred Date(s): _____
- Preferred Time Slot: _____
- Estimated Duration of Use: _____
- Mode of Operation: _____

4. Payment Details (if applicable)

- User Category:
☐ Internal ☐ External (Academic) ☐ External (Industry/MSME)
- Estimated Charges (as per SIC norms): _____
- Payment Mode:
☐ Cash ☐ DD ☐ Online Transfer
- Transaction / Receipt No.: _____

5. Declaration by Applicant

I hereby declare that the information provided above is true and correct. I agree to abide by the rules and regulations of the Sophisticated Instrumentation Center, Central University of Karnataka. I will be responsible for any damage caused due to improper handling of the instrument (If self-operated) or due to sample.

- Signature of Applicant: _____
- Date: _____

6. Recommendation (For Internal Users)

- Supervisor _____ HOD _____ Instrument Expert _____
- Signature & Seal: _____
- Date: _____

7. Office Use Only

- Booking Approved: ☐ Yes ☐ No
- Instrument Experts Remarks: _____
- Approved Date & Time: _____
- Signature (Instrument In-Charge): _____
- Signature (SIC Coordinator): _____

Contact Details

Sophisticated Instrumentation Center (SIC)

Central University of Karnataka

Kalaburagi - 585367, Karnataka

Email: _____ | Phone: _____