



Request for Materials Laboratory Access

Centre for Nano and Soft Matter Sciences

Arkavathi Campus

Sensor Laboratory – Expert User Access Form

Name:

Supervisor:.....

ID No.: Refer to the front side S. No.: Refer to the back side of the ID card

Expert User for the following instrument/s (tick the appropriate):

- Gas Sensing Setup
- Other (please specify) _____

Date:

Applicant's Signature:

Forwarded by
Research Supervisor

Remarks: You may indicate access duration

Authorised by
Lab-in-charge

Remarks: You may indicate access duration

Name of Lab-in-charge: Dr. S. Angappane

For office use

Access starting date*: ___/___/____ S. No.:

Access given by:

Remarks: