



Department of Mechanical Engineering, IISc, Bengaluru

Research facility user request form- External

Email: facilitymanager.me@iisc.ac.in, Contact: 080-2293-2903



Date: _____

1. Name: _____

2. Faculty In charge Name: _____

3. Name of the Institute/Organization: _____

4. Email ID and Tel. No.: _____

5. Sample Details: No. of Samples _____ Material _____

6. Analysis/Test required: _____

7. Billing Name and GST Details if any: _____

Signature of the User

Note:

- DD to be drawn in the name of "The Registrar, Indian Institute of Science" payable at Bangalore
- Enclose DD; Write your name on the backside
- Bring a CD/DVD if required for data collection (No USBs allowed)

For official use only

Facility and Faculty In charge: _____

Operator Name: _____

Date of Experiment: _____ Results Send Date: _____ Category: Internal/External/Industry

No. of Sample/ Hours of use: _____ Charges per sample/hour: _____

Total: _____ GST @18%: _____ Grand Total: _____

Amount Collected (In Words): _____

DD Details: DD No _____ Date: _____ Issuing Bank: _____

Office Reference Number: _____ Debit Head: _____

Signature