



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 and Designation: _____

2. Name of the Institute/Organization: _____

3. Email ID and Tel. No.: _____

4. Category: *Academia/Industry*

5. Facility name to be used: _____

6. Sample/Testing Details: _____

7. Hours of use: _____ Charges/hours: _____ Total: _____

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

7. DD No.: _____ Date: _____ Issuing Bank: _____

8. 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

Operator Name: _____

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

Amount Collected (In Words): _____

Office Reference Number: _____ Debit Head: CF/OTHR-22-0002.03(Contingency)

Signature