**INDIAN INSTITUTE OF TECHNOLOGY TIRUPATI**

**EQUIPMENT USAGE REGISTRATION FORM-EXTERNAL**

|  |  |  |
| --- | --- | --- |
| 1. | Name of Applicant | : |
| 2. | Applicant Profile (Please tick) | : Faculty / Student / Researcher  : Industrial user / Scientist |
| 3. | Category (Please tick) | : Academic / R& D / Industry |
| 4. | Name of Organization | : |
| 5. | Details of Organization | |
|  | Address | : |
|  | Email ID | : |
|  | Phone Number | : |
|  | GSTIN | : |
|  | TAN | : |
|  | PAN | : |
| Equipment Usage Details: | | |
| 6. | Name of the Test | : |
| 7. | Details of equipment | : |
| 8. | Department in which the equipment is placed | : |
| 9. | No. of Samples/ Specimens to be tested  (Please indicate if the samples are harmful or poison-based or explosive or radioactive or any other unusual category) | : |
| 10. | Price per each Sample/Test | : |
| 11. | Total Rate | : |
| 12. | Transaction Details  (Online transaction reference/ DD number)  A copy to be attached | : |
| 13. | Name & Signature of Applicant:  (with Seal, if applicable) | : |

**For Office Use:**

Checked by Department Equipment Usage Coordinator:

Forwarded to: