

SNSNT/SEM/IIUCNN/SPST

Mahatma Gandhi University

Lab Access Form

1. Personal Information

Name of the User:

Course/Position (e.g., MSc, PhD, Postdoc):

Affiliation (Department/School):

Email Address:

Phone Number:

Supervisor/Guide's Name:

Department/School:

Email Address:

Phone Number:

2. Project Information

Project Title:

Duration of Project:

Start Date:

End Date:

Brief Project Description:

3. List of Main Equipment Required

4. List of Chemicals to be used

5. Lab Safety and SOP Acknowledgment

- Have you understood the guidelines for Labs? Yes No
- Have you understood the SOPs of the required equipments? Yes No
- Have you understood the safe chemical handling? Yes No

User's Signature:

Date:

6. Supervisor's Authorization

I hereby confirm that the above-named student/researcher has been properly instructed on lab safety, SOPs, and chemical handling. I approve their lab access request.

Supervisor's Name:

Supervisor's Signature:

Date:

7. Lab In-charge Approval

I have reviewed the request and approve access to the laboratory facilities.

Dr. Pramod K:

Dr. Sajid Babu N:

Dr. Manoj Mohan:

Note: Submit the completed form to the Lab In-charge for review and approval. Ensure that all information is accurate and updated if changes occur during the project.