



Institute of Nano Science and Technology (INST)

Sector-81, Knowledge City, Sahibzada Ajit Singh Nagar, Punjab,

Pin - 140306

Clean Room Laboratory Access Form

1. Supervisor Details

Supervisor's Name: _____

Designation/Department: _____

Email ID: _____

Phone (optional): _____

Lab No.: _____

3. User Details

User's Name: _____

Designation (PhD/Project Staff/Student/Visitor):

Department/Group: _____

Email ID: _____

Phone Number: _____

Institute ID (if applicable): _____

4. Research Purpose to access Clean room facility



Institute of Nano Science and Technology (INST)

Sector-81, Knowledge City, Sahibzada Ajit Singh Nagar, Punjab,

Pin - 140306

5. Duration of Access

Start Date: _____

End Date: _____

Access Type: Regular Temporary One-time

User Undertaking

I hereby request access to the Clean Room Facility at the Institute of Nano Science and Technology (INST). I understand that access to the clean room is subject to strict adherence to facility protocols and safety guidelines.

I undertake that:

1. I will abide by and uphold all Clean Room and laboratory protocols.
2. I will take up all common assigned lab duties.
3. I will use the facility only for approved research.
4. Non-compliance with the laboratory protocols may result in review of access privileges and appropriate administrative action.

User Signature: _____ Date: _____

Supervisor Approval

Supervisor Name: _____

Signature: _____

Date: _____

Clean Room Facility Approval

Lab In-charge Name: _____

Access Granted: Yes No

Remarks: _____

Signature: _____ Date: _____