

**Department of ECE**  
**National Institute of Technology Calicut**  
**Project Lab (ECED Block-II)**

**No.**  
**Date.**

**Facility Request Form**  
**(NIT C students and staff only)**

The following are the details of the study I wish to carry out at Project Lab, ECED, NIT C:

Equipment to be used	No. of Hours/Samples/Runs	Sample Details (Hazardous/Solid/Powder/Magnetic/Volatile)	Experimental Parameters & Data Requested
Duration of Booking Required			
Name and Roll No.		Email:	Phone No:
Purpose: UG/PG/M.Phil., Project Work /Ph.D., Work / Research/ Others (Please mention):			
Name & Signature of Supervisor:			

Note: Try to avoid metal deposition using RF sputtering. The scholar/user will be responsible for careful handling of the equipment and associated facilities.

**I agree to the following:**

- All Publication of research work, resulting out of the services taken from ECE Department must acknowledge ECE Department, NIT Calicut.

**Signature of User**

If not available on the requested dates whether booking is needed in the nearest slot available?

**Coordinator:**

**For office use only**

Allotted Duration			
No. of samples/run		Date of Experiment	
Log Book Page No.		Experiment performed by	