



**NATIONAL INSTITUTE OF TECHNOLOGY CALICUT**  
**Department of Mechanical Engineering**  
**MECHATRONICS/ROBOTICS Laboratory**

Format for payment of testing Charges for KINOVA GEN 3 Robot and SCORBOT ER-4U Robot

Testing Charges(Rs.):

	<b>Industries</b>	<b>R&amp;D and National Lab</b>	<b>Academic/Educational Institute other than NITC</b>	<b>NIT Calicut</b>
KINOVA GEN 3 Robot	1000/hour+ GST	1000 /hour + GST	1000/hour + GST	1000/hour
SCORBOT ER-4U Robot	600/hour + GST	600/hour + GST	600/hour + GST	600/hour

Test Requested by: (Name and Address of Person/organization) Attach Letter if available	Name:
	Affiliation:
	Mob:
Number of hours for experimentation	
Name of the Robot which you are planning to use	
Total Amount of Testing charges	
Signature of party with date	Signature:
	Date:
	Name:
Signature of the approving authority/HOD	Signature:
	Date:
	Name:

Request to accounts section: Kindly collect the above mentioned amount and credit to Head of Account MED – R&C