

ARYABHATA CENTRAL INSTRUMENTATION LABORATORY,
MAHARSHI DAYANAND UNIVERSITY, ROHTAK.

Dated:

Name of Instrument/Equipment to be used _____
Name of Applicant / Research Scholar _____
Applicant's Father Name _____
Research Supervisor's Name _____
Department _____
College/Institution/University/Industry _____
Postal Address _____
Pin _____ State _____
Phone/MobileNo. _____
Email _____
Samples with full details (i).....(ii).....
(iii).....(iv).....
(v).....(vi).....
Nature of Sample (Solid/Liquid) _____
Sample is Health Hazardous Yes / No
Sample is Explosive Yes /No

Note: Charges are not refundable at any cost.

Amount paid Rs..... Payment ID PaymentDate.....

Name of Invoice in favour: ACIL (charges of use of instruments)


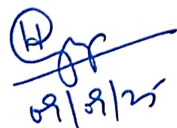
M code- 506, S code- 301111 (copy of payment as above to be attached, if applicable)

Name & Signature of Applicant

Forwarded By
Name &Signature of HOD/Director
(Sign. with seal)

Director (ACIL)



 
09/09/25



