



VES COLLEGE OF PHARMACY
Hashu Advani Memorial Complex, Behind Collector's colony, Chembur (E) Mumbai – 74

SERVICE REQUEST FORM

Date: - _____

Name of the student/User: - _____

Name of Department/school/college/industry: - _____

Course: - _____

Name of the Guide; _____

Request for: _____

Name of Project/study: _____

Equipment/ Instrument to be used: - _____

Duration & proposed time of work: - _____

Note: - The student/User will be responsible for the handling of the instrument, the safety of the instrument and accessories, if any damage is observed, the student has to replace the part as per policy of the VES COP, cleaning of the instrument and accessories will also remain as responsibility of the student.

UNDERTAKING

I the undersigned, _____, the student/User of _____ pursuing

My _____ degree in the subject of _____ here by agree

To abide by the rules and regulations of VES COP, failing which, I agree to accept any disciplinary action against me by the school.

Sign of the student _____

Sign of guide _____

Sign of the Principal/Dean of the concerned institute and the Institute stamp _____

FOR OFFICE USE ONLY

Signature of Lab In charge _____

Signature of the Dean/Principal _____