

**Indian Institute of Technology (IIT) Bombay, Powai
Mumbai-400076
Department of Biosciences & Bioengineering**

Registration form for Analytical Ultracentrifugation (AUC)

Ref. No.: _____ (To be filled by office) Date: _____

Name: _____, Designation: _____

Name of the Organization: _____

Whether Government / Educational / Industry: _____

GSTIN: _____

Address for communication: _____

Bill to be address to: _____

Mobile Number: _____

E-Mail: _____

Detailed description about the sample: (Number of Samples, Nature of Sample, Type of solvent used (if any) Mode / Operating condition of instrument, etc. Please attach extra sheet for additional information.)

(Kindly consult IITB staff for sample / sample preparation before bringing your samples for analysis.)

Payment Details: –

DD/Ref. No.: _____, Date: _____, Amount: _____, Bank: _____

Note: The demand draft must be drawn in favour of "Registrar, IIT Bombay".

Undertaking: –

Certified that sample submitted belong to the user mentioned above.

I/We undertake to abide by the safety and sample preparation guidelines and precautions during testing of my samples. I/We shall not claim for any damage/harm to my samples submitted for the analysis by IITB equipment.

I/We shall give due acknowledgement to IITB along with the name of the person(s) providing the technical help in the results published in journals.

Institute bears no responsibility about the authenticity of the data.

Signature of User

Signature of User's Head of the Department (with official seal)