



INDIAN INSTITUTE OF TECHNOLOGY GUWAHATI

CENTRAL INSTRUMENTS FACILITY

GUWAHAT -781039

Non Office Hours Key Issuing Form For Instrument Operator

A. To be filled up by the Operator:

Name:

Roll No:

Mobile No.

E-mail:

Department/Centre:

Name of the Instrument:

Room No. (If any):

Date & Time (for which key is requested):

Authorised operator of the specific instrument: Yes/No

Name of the Supervisor:

E-mail:

Date:

Signature of the Student operator/Faculty Operator

B. To be filled up by the Supervisor: (in case of student Operator)

Mr./Ms. _____, a student of the Department of _____ may be allowed to receive the keys for the above mentioned room of Central Instruments Facility and I will take full responsibility for proper handling of the equipment, closing the room and returning the keys after using the equipment by the student.

Date: _____

Signature of the Supervisor

Date: _____, Time: _____, may /may not be permitted (Comment on back side)

T.O./S.O./JTS. (In-charge)

Approved/not approved

Head CIF

Seal:

C. To be filled up by the Security Personnel:

1. Time and date of issuing keys:

2. Number of keys to be issued:

3. Identity of the student verified: Yes/No

Date:

Signature of the Security on duty