Performa to use Bio-NEST AIC facilities

|  |  |
| --- | --- |
| Student NameID Number |  |
| Chairperson Name |  |
| Department |  |
| Title of research |  |
| Facilities required (Equipment’s) |  |
| Number of Samples |  |
| Number of Days required |  |

 Student Signature

Chairperson Head of Department

Date: