



**REGISTRATION FORM (One time use only)**  
**Central Sophisticated Instrumentation Facility (CSIF)**  
**Birla Institute of Technology & Science,**  
**Pilani – K. K. Birla Goa Campus,**  
**NH-17B Zuari Nagar – 403726, GOA, INDIA**



**User type:** EXTERNAL

**User Name:**.....

**Supervisor Name (Students only):** .....

**Department:** ....., **University / Institution:** .....

**Designation (For faculty only):** .....

**Faculty PSRN / Student ID NO:** .....

**Contact P h o n e /Mobile No:** .....

**Contact Email Address:** .....

**I certify that I shall acknowledge the CSIF facility at the Birla Institute of Technology & Science, Pilani K K Birla Goa Campus if the results are published in journals/conferences or in thesis.** I shall also forward the citation details to the In-charge of the CSIF by email within a month of such publication. I am aware that the Centre has no liability as to any loss/damage of my samples during storage/transport/imaging at the Centre. I accept all the terms and conditions of use and confirm adherence to all rules and regulations of the Centre with regard to sample analysis.

**Signature of user with date**

**Signature of Supervisor (Students only)**

**Signature of HOD  
(Non-tenure track faculty)**

**Signature of CSIF In-Charge**

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**For office use only**

**UNIQUE ID NUMBER (UIN):** .....

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\*\* For students, in the absence of the Supervisor, HOD of the concerned Department may approve