



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: INTERNAL

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

For office use only

UNIQUE ID NUMBER (UIN):

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