Permission form for using an equipment Central Equipment Laboratory, Faculty of Science University of Kelaniya

Equipment
Student Name
Supervisors/s Name
Department
Degree Program Enrolled-BSC(special)/Msc/Mphill/PhD
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Do you (the user) have handed on experience in using the equipment
Yes/No
Number of sample to be analyzed -
Chemical to be used
Temperature/Temperature Program
Running Time
Signature of Student
Signature of Supervisor
Date
Recommendation of the Coordinator CF Lab -