

REQUEST FORM FOR THE USE OF PHYSLAB RESEARCH FACILITIES

Request #: _____ (for office use only)

Date: _____

| | | | | | | | | | | | | | | | | | | | | |
|--------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Researcher's Name (Capital Letters): | | | | | | | | | | | | | | | | | | | | |
| Supervisor's Name (Capital Letters): | | | | | | | | | | | | | | | | | | | | |

LUMS From Outside LUMS

| | |
|--------------|--|
| Institution: | |
| Department: | |
| Address: | |
| | |
| Email: | |
| Phone: | |

Nature of Work (please provide details):

Proposed start date: _____ Proposed end date: _____

What facilities are required for the work (please provide details):

Are the required materials for the job available to you? _____

Do you need any materials from us? (please provide details):

Will your institution reimburse the cost of consumables? (please attach the letter): _____

RULES

1. As a general principle, the physics lab provides support to various Departments of the SSE and other universities of Pakistan as a matter of courtesy contribution to SSE's research vision.
2. The requester is responsible to reimburse material cost and equipment maintenance.
3. The user of the facility is responsible for cleanup after use.
4. The user(s) have to follow the safety procedures during work in the workshop.
5. Untrained, unskilled and novice user cannot work in the lab unsupervised.
6. The physics lab support is not meant to be used for student activities, competitions and unsupervised projects even if they are part of coursework.
7. Extensive work will be entitled to being charged, especially when it involves design and drawing. Details will be discussed on a case by case basis.
8. **The facility can be used only if this form is filled and agreed upon.**

DECLARATION

I have filled the form and read the rules of the workshop carefully. I hereby solemnly declare that I have understood the rules and should follow them during practice. I further declare that I shall strictly follow the safety procedures during my work.

Researcher's Name: _____

Supervisor's Name: _____

Signature: _____

Signature (if applicable): _____

Email: _____

Email: _____

Date: _____

Date: _____

For office use only

Accepted

Rejected

Incharge Physlab: _____

Signature: _____

Date: _____