



**Shri Lal Bahadur Shastri Degree College, Gonda**  
(Affiliated by Maa Pateswari University, Balrampur)



**INNOVATION CENTRE REQUISITION FORM**

Name: \_\_\_\_\_

Designation: ☐ Faculty ☐ Research Scholar ☐ Project Assistant ☐ Student

Address: \_\_\_\_\_

Email ID: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Course Level / Status: ☐ U.G. ☐ P.G. ☐ Ph.D. ☐ Project Fellow /Research Assistant /Other

Department / Subject: \_\_\_\_\_

Purpose of Analysis: \_\_\_\_\_

Instrument Required: \_\_\_\_\_

Duration: From: \_\_\_\_\_ To: \_\_\_\_\_ Date: \_\_\_\_\_

Sample Name / Details: \_\_\_\_\_

Results / Observations: \_\_\_\_\_

Operator Name / Remarks: \_\_\_\_\_

Approved / Allowed By: \_\_\_\_\_

\_\_\_\_\_  
Signature of Head / Supervisor

\_\_\_\_\_  
Signature of Candidate

**FOR OFFICE USE ONLY**

Slot Provided: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Authorized Signatory / In-Charge: \_\_\_\_\_

**Note:**

All users are strictly required to acknowledge the use of the **Innovation Centre facility** and the contribution of technical staff in all research publications, papers, and articles resulting from the data generated. A printed or electronic copy of the published work must be submitted to the Innovation Centre for reference and records.

**Email for Submission:** incubation.lbs@gmail.com