কেন্দ্রীয় গবেষণাগার (সেন্ট্রাল ল্যাব)
৩য় তলা, ইবনে-সিনা বিজ্ঞান ভবন
ইসলামী বিশ্ববিদ্যালয়, কুষ্টিয়া ৭০০৩, বাংলাদেশ

ইসলামী বিশ্ববিদ্যালয়

Central Lab (C Lab)
3rd floor, Ibn Sina Science Building
Islamic University, Kushtia 7003, Bangladesh

A. Applicant Information

1. **Name of Applicant**: _____
2. **Designation**:
   - ☐ Student (M.Sc. / M.Phil. / PhD)
   - ☐ Faculty
   - ☐ Researcher
   - ☐ External User
3. **Department / Institution**: _____
4. **Contact No.**: _____
5. **Email**: _____
6. **Supervisor/Referee Name (if applicable)**: _____

B. Purpose of Lab Use

1. ☐ Thesis/Research Work
2. ☐ Academic Coursework / Practice
3. ☐ Examination (Online/Computer-Based)
4. ☐ Project/Training
5. ☐ Other (Please Specify): _____

C. Lab Facility Required

(Please tick as appropriate. You may choose multiple.)

1. Equipment/Analytical Lab:
☐ GC / GC-MS
☐ HPLC
☐ AAS
☐ Confocal Microscope
☐ Incubators/Ovens
☐ ELISA/Western Blot
☐ RT-PCR
☐ TOC Analyzer
☐ Other: _____

2. Computer Lab:
☐ Practice Session
☐ Training Session
☐ Examination
☐ Other: _____

D. Duration and Schedule Requested

- **Start Date**: _____
- **End Date**: _____
- **Proposed Time Slot**: _____ (within 9:00 AM – 8:00 PM)
- **Total Duration**: _____ Hours

E. Payment Category (for Equipment Usage)

☐ Category A – IU Students/Faculty
☐ Category B – Funded IU Projects
☐ Category C – External Public/Private Entity

Payment Slip Number: _____
Date of Deposit: _____
(Attach a copy of the bank receipt. Payment to: Agrani Bank A/C No: 0200022996455)

F. Authorization (To be filled by recommender)

I hereby recommend the applicant to use the Central Lab facilities as per the stated purpose.
☐ Head/Chairman
☐ Exam Committee Chair
☐ Supervisor/Faculty

Name: _____
Designation: _____
Signature & Seal: _____
Date: _____

G. Lab Director's Approval

☐ Approved ☐ Not Approved
Remarks: _____
Director's Signature & Seal: _____
Date: _____

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