

KSCSTE – KERALA FOREST RESEARCH INSTITUTE
CENTRE FOR ANALYTICAL INSTRUMENTATION -KERALA (CAI-K)
PEECHI, THRISSUR - 680 653

Application form for Start-Ups to avail Instrumentation/ Testing Facilities

*(All fields marked * are mandatory. Failing to provide mandatory details will lead to the cancellation of the application)*

I. Applicant Details			
1.	Full Name of the Applicant*	:	
2.	Date of Birth*	:	
3.	Sex (Male/ Female/ Others) *	:	
4.	Name of the Start Up*	:	
5.	Affiliation of the applicant to the Start Up*	:	
6.	Address of the Start Up*	:	
7.	Kerala Start Up Mission Unique ID*	:	
8.	Aadhar card No. *	:	
9.	Email ID*	:	
10.	Mobile No. *	:	
11.	Residential Address of the applicant*	:	
12.	GSTIN (if applicable)	:	
II. Details of test/ instrumentation facilities required			
13.	Instrument/ test name*	:	
14.	Instrument/ test serial number (<i>please refer to the list of instrumentation/ test facilities</i>)*	:	
15.	Purpose of Usage/ Test*	:	
16.	No. of Tests*	:	
III. Details of sample submitted (<i>to be filled in case of availing testing facilities</i>)			
17.	Type/ Nature of the sample*	:	
18.	Number/ quantity (in measures such as litre, gram etc.) of samples*	:	

19.	Are the samples hazardous or toxic?*(Yes/No)	:	
20.	If Yes, specify the nature of hazard and required safety precautions to be undertaken (attach separate sheet if required)	:	
IV. Any other Specific details you would like to provide			
V. Declaration			
<ul style="list-style-type: none"> • I hereby declare that the information provided above is true to the best of my knowledge. • I declare that I have disclosed all the information regarding any hazardous nature of the sample. • I will strictly adhere to all safety guidelines and operational procedures while handling the instruments. • I understand that I am responsible for any damage caused to the instrument due to negligence or unsafe handling. • I agree to follow the instructions provided by the laboratory staff and operate instruments only under permitted supervision or after appropriate training. • I accept that any non-compliance may result in termination of access and liability for damages. 			
Name and Signature of the Applicant			
Date:			
Place:			
<i>For official use</i>			
i.	Estimated charges	:	
ii.	Advance payment received	:	
iii.	Tentative date for the results	:	
iv.	Any other remarks	:	