



The Shirpur Education Society's
H.R.PATEL INSTITUTE OF PHARMACEUTICAL EDUCATION AND RESEARCH
SHIRPUR.



Department of Pharmaceutics / Quality Assurance

Biopharmaceutics/Industrial Pharmacy

INSTRUMENT USAGE SLIP

Name of Student :-----

Name of Equipment :-----

M.Pharm. Sem-I/II/III/IV :-----

Purpose of Use :-----

Work requested for _____ **days** (from _____ to _____)

Sign of Guide

Sign of Laboratory In charge

Sign of Student

To be checked: -

1. Cleaned / Not Cleaned.
2. Working / Not working.
3. Trouble shooting if any.

Sign of Laboratory Assistant.

Sign of PG In charge.

UNDERTAKING

I _____ student of M.Pharm Sem-I/II/III/IV hereby declared that, I worked on _____ at _____ so, I will be responsible for any

(Equipment Name) (Time)

damage to the equipment/Laboratory Facilities used by me.

Date:

Sign of Student