

**R&D FACILITY/EQUIPMENT REQUEST FORM**

**DETAILS OF APPLICANT**

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

Organization/Department: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Is the R & D usage in connection to the business registered at Cubator-1ne.      **Y**                      **N**

**PURPOSE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DESIRED EQUIPMENT/FACILITIES**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DETAIL OF AUTHORISED USERS**

No.	Name	CNIC	Mobile
1			
2			
3			
4			

\*I/We bear full financial responsibility for any damages caused to equipment/facility by authorized persons/myself. I also certify that any consumables used during the course of my experiment/work will be replenished/billed at cost to me.

**Signature:**

\_\_\_\_\_  
**Recommendation:** \_\_\_\_\_ **Date:**

\_\_\_\_\_  
**Approval of HoD:** \_\_\_\_\_ **Date:**

\_\_\_\_\_  
**Manager R & D:** \_\_\_\_\_ **Date:**