**Application Form: Hot Lab Services after official working hours**

(September 25, 2013)

**VC/Hot Lab/20 - / Date:**

1. Applicant information

|  |  |  |
| --- | --- | --- |
| 1.1 | Applicant full name |  |
| 1.2 | Affiliation/ profession |  |
| 1.3 | Full postal address for correspondence |  |
| 1.4 | Phone |  |
| 1.5 | Fax |  |
| 1.6 | Email |  |
| 1.7 | Emergency Contact Name & Phone No. |  |

1. Company information

|  |  |  |
| --- | --- | --- |
| 2.1 | Name of company (Regd or proposed) |  |
| 2.1.1 | Tick the correct option | * Proprietor
* Partnership
* Pvt Ltd
* Other
 |
| 2.1.2 | If other, please specify  |  |
| 2.2 | Alternative correspondence address (if different from above address of applicant) |  |
| 2.3 | Website of company |  |
| 2.4 | Nature of business |  |

1. For NCL Staff / Student

|  |  |  |
| --- | --- | --- |
| 3.1 | Division |  |
| 3.2 | Project Title |  |
| 3.3 | Project Code |  |
| 3.4 | Name of Project Leader |  |

1. Application for services

|  |  |  |
| --- | --- | --- |
| 4.1 | We wish to apply for the Hot Lab Services after official working hours at the Venture Center: | Yes/ No |
| 4.2 | Required dates |  |
|  | Required Equipments  |  |

1. Application for discounts

|  |  |  |
| --- | --- | --- |
| 5.1 | I wish to apply for the following discounts: |  |
|  | * NCL staff/student
 |  |
|  | * Company has licensed technology from NCL
 |  |
|  | * Significant share of company is owned by persons (students, alumni, staff) with current or past affiliation to NCL
 |  |
|  | * Company is an incubatee of Venture Center
 |  |
|  | * Longer-term requirement and commitment
 |  |
| 5.2 | Please attach any attachments to support your claim for discounts (if required) |  |

**EHS Information Request**

Note: Please attach with this form; list of materials (consumables, supplies, glassware etc.) to be brought in Venture Center.

6. Hazardous chemicals

|  |  |  |
| --- | --- | --- |
| 6.1 | Hazardous chemicals will be brought in? (Yes / No) | If yes; go through the next sections |
| 6.2 | brief description |  |
| 6.3 | Have following procedures planned? |  |
| 6.3.1 | MSDS available |  |
| 6.3.2 | Users thoroughly familiar with the information contained in the MSDS of the chemicals |  |
| 6.3.3 | Selected appropriate personal protective equipments |  |
| 6.3.4 | Developed standard operating procedures (SOPs) incorporating other safety interventions to ensure the safest possible conduct of the work |  |
| 6.3.5 | Developed storage & waste disposal protocol |  |
| 6.3.6 | Developed emergency protocol |  |

7. Hazardous biological materials

|  |  |  |
| --- | --- | --- |
| 7.1 | Hazardous biological materials will be brought in? (Yes / No) | If yes; go through the next sections |
| 7.2 | If yes; brief description  |  |
| 7.3 | Have following procedures planned? |  |
| 7.3.1 | Risk assessment |  |
| 7.3.2 | Assigned biosafety level to the planned work |  |
| 7.3.3 | Selected appropriate personal protective equipments |  |
| 7.3.4 | Developed standard operating procedures (SOPs) incorporating other safety interventions to ensure the safest possible conduct of the work |  |
| 7.3.5 | Developed storage & waste disposal protocol |  |
| 7.3.6 | Developed emergency protocol  |  |

It is hereby declared that the undersigned has read and understood the terms and conditions of Venture Center’s Hot Lab services and accepts the same.

The undersigned authorized representative of the applicant also declares that all the information given herein above is true and correct to the best of his personal knowledge and belief and also understands that in the event of any information found to be untrue or incorrect, the contract of the said services is liable to be terminated forthwith.

 For and on Behalf of

 (Name of the Company)

 (Name of the authorized signatory)

 Designation