Institute Name

12-07-2024

Form 5C: Equipment Details

Equipment Detailed Justification

(Add more rows at the end if required)

S. No	Name of Equipment	Quantity	Cost	BQ	Source Country (OEM & Supplier)	Justification

Long Term Utilisation of the Equipment

(Plan for long term utilization to be given)

Write Here

Signature:Director – DIA COE Institute Name Signature: Prof Principal Investigator Name