Signature

Physical Research Laboratory Computational Services

(Form to avail Vikram-100 HPC Cluster Facility)

To be filled up by the applicant

Name:		
Designation:	Area/Division:	
Pay Roll:	Internal Phone No:	
PRL E-Mail ID:		
		Signature
To be fille	ed up by the Area Chairman/Department Head	l
Please provide Vikram-100 H	PC Cluster Account.	
Remarks (If any)		
		Signature
	Chairman, HPC Committee	
Pomarke(If any):		
Remarks(11 any)		
		Signature
	For Head, Computer Centre	
Remarks(If any):		
		Signature
	For Computer Centre use	
User ID:	Group:	
Home Directory:	Expiry Date:	
Created on:	by	