Indian Institute of Technology (IIT) Mandi
Centre for Design and Fabrication of Electronic Devices (C4DFED)
Kamand, Mandi, Himachal Pradesh-175075

C4DFED INDEPENDENT USER FORM

- **Full Name of the User:** _____
- **Designation:** _____
- **Department / Affiliation:** _____
- **Institutional Roll No. / Employee ID:** _____
- **Mobile / Emergency Contact Number:** _____
- **Primary Supervisor / Faculty Coordinator Name:** _____
- **Name of Instrument for independent access:** _____

User Instructions: Please read the statements below carefully, sign, and submit this physical page to the C4DFED Office to complete your registration process.

Section Acknowledgments

1. **Safety First Policy Confirmation:** I acknowledge that I bear full accountability for my personal safety and that of my peers. I agree to comply with all safety instructions issued by C4DFED management and technical staff instantly.
2. **Strict Material Control Agreement:** I verify that I will not introduce any unknown substrates, chemicals, or unvetted process steps into the cleanrooms without receiving explicit, written technical clearance beforehand.
3. **Sanction and Liability Acceptance:** I fully understand the C4DFED Penalty Framework. I accept that any wilful violation of the facility SOPs or gross negligence regarding chemical waste disposal will result in an immediate facility ban and financial accountability for any resulting damages.

Executed Declarations

User Declaration: I certify that I have read and completely understood the C4DFED Integrated User Policy Document (ID: C4DFED-UP-2026-V1.0). I agree to abide by all the rules, operational constraints, and safety regulations detailed within it.

Date: ____ / ____ / 2026 **Signature of the User:** _____

Supervisor Endorsement: I recommend the applicant for C4DFED facility access. I verify that their project scope aligns with the facility capabilities, and I accept full financial responsibility for the usage bills and any equipment damage expenses incurred by this user.

Date: ____ / ____ / 2026 **Signature of the Supervisor:** _____

For Office Use Only

- **Clean Room Entrance Test (Marks Out of 100)**: _____**Date**: _____

  The user has scored more than 80% marks in clean room entrance test: Yes/No

  Sign of C4DFED Staff

- **C4DFED Familiarization and Safety Training attended in presence of**:

  Tier 3 User Name: _____; Sign: _____; Date: _____

- **Instrument Name:** _____

User Training	Description	Tier2 / Tier3 User Signature with date
User Training 1		
User Training 2		
User Training 3		
Extra Training (Optional)		

Recommended / Not Recommended for Tier 1 Access

I certify that the user can handle the instrument independently in Tier2/Tier3 users' supervision without malfunctioning the instrument and is competent to follow the instrument SOP with safety.

Signature of Tier 2 / Tier 3 User: _____

User Test	Pass / Fail	Tier2 / Tier3 User Signature with date
User Test		
Supplementary Test (Optional)		

Recommended / Not Recommended for Tier 2 Access

I certify that the user can handle the instrument independently without malfunctioning the instrument and is competent to follow the instrument SOP with safety and Train Tier 1 user applicants.

Signature of Tier 2 / Tier 3 User with date: _____

Maintenance Training	Description	Tier3 User Signature with date
Maintenance Training 1		
Maintenance Training 2		
Maintenance Training 3		
Extra Training (Optional)		

Recommended / Not Recommended for promotion to Tier 3 Access

I certify that the user can handle the instrument outside the working hours in presence of a Tier3 buddy without malfunctioning the instrument and is competent to handle, maintain the instrument and train other users. Fingerprint access can be authorized to the user.

Signature of Tier 3 User: _____

Signature of C4DFED Staff: _____

Signature of Coordinator C4DFED: _____