

**National Institute of Epidemiology (ICMR)  
Ayapakkam, Chennai – 77**

Permission form to utilize library computers for Data Entry  
on temporary basis

Name of the PI / Scientist :

Project Name :

Division :

No. of days required : From \_\_\_\_\_ To \_\_\_\_\_

Name of the persons : 1.  
2.  
3.  
4.

Signature of the PI / Scientist

Recommended

**DIRECTOR**

ALIO