

**NATIONAL INSTITUTE OF TECHNOLOGY, TIRUCHIRAPPALLI – 620 015**

**Chemical Engineering Department**

**Testing – Application form**

**User Information**

Name :

Designation :

Affiliation :

Address for communication :

Phone Number :

Email address :

Purpose of analysis :

**Sample Information**

Number of sample :

Sample(s) code :

Type of analysis required :

Nature of the sample(s) :

Special Instruction :

Other information (if any) :

Analysis data will be delivered only after payment of the fee. All payments should be sent in the form of DD in favor of The Director, NIT Trichy payable at NIT Tiruchirappalli (SBIBranch Code: 01617).

**Certification and undertaking by Financially Responsible person**

**(HOD / Principal / Guide / Managing Director).**

I agree to pay the charges for this analysis. It is to certify that the user is a student / employee of our organization.

Signature with seal

Office Use

Approved by

Analyzed by

Date

