



Date:

Facility/Equipment Usage Requisition Form

1. Name of the user :
2. Name of the organization and Department :
3. Name of the degree studying (If applicable) :
4. Guide/Supervisor /HoD Name :
5. Contact phone/mobile number :
6. Email address :
7. Name of the Facility/Equipment needed for testing :
 - i)
 - ii)
 - iii)
 - iv)

Signature of the student/user

Signature of the guide/supervisor/HoD

Signature of the Centre In-charge

- Note:**
1. After the confirmation of the date, time of testing and the facility/equipment used from the Centre in-charge the payment has to be made to the following account.
 2. After the bank payment, if the testing is not carried out, the money will not be refunded.
 3. The copy of bank transaction slip is to be attached to this request form.

| | |
|---------------------|---------------------------------------|
| Name of the account | : Director, NIT, Tiruchirappalli |
| Account Number | : 10023883064 |
| Branch | : State Bank of India, NIT, Trichy-15 |
| IFSC Code | : SBIN0001617 |

Application Number: CESDeCT/2022/

For office use

1. **Date of usage/testing :**

2. **Time and duration of testing :**

3. **Amount paid for testing :**

4. **Payment details :**
(Transaction number and date)

5. **Additional amount to be paid :**
**(If testing exceed an hour/
additional equipment used)**

6. **Payment details for additional :**
Amount
(Transaction number and date)

**Signature of Lab Engineer
with date**

**Signature of Centre In-Charge
with date**

Note: The copy of bank transaction slip is to be attached to this request form