Form for Testing/ Process/ Analysis/ Service

Date:

User Details
Name, Roll No, Programme (B.Tech/Mtech/PhD) of the user:

Name of the user supervisor with email and mobile:

User Department and Institute:

Test Details
Nature of the test/Process/Analysis/Service:

Equipment/Instrument to be used:

No of Samples:

Sample Details:
Sample material:

Measurement Range:

Any special remarks/precautions regarding the samples:

Payment Details
DD No. Date: Amount:

Declaration
This is to certify that the sample belongs the user and user’s supervisor mentioned in this form and the samples are non-toxic/non-inflammable/ non-hazardous

The user and user’s supervisor agree to pay the charges prescribed by NIT Trichy as DD in favor of “The Director, NIT Trichy”.

Signatures
User: User’s supervisor:

Instrument Faculty In-charge: HoD(For external users):

For operator’s use
Any remarks: