



**DEPARTMENT OF METALLURGICAL AND MATERIALS
ENGINEERING
NATIONAL INSTITUTE OF TECHNOLOGY TIRUCHIRAPPALLI**

Date:

Form for Testing/ Process/ Analysis/ Service

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: