



National Institute of Technology, Tiruchirappalli
Tiruchirappalli 620015
Sophisticated Instrumentation Facility

Requisition Form for Force tensiometer

| | | |
|----------------------------|--|--------------------|
| Name of the User: | | Date: |
| Designation/Course: | | Department: |
| Institute: | | |
| Mobile Number: | | Email: |
| Address: | | |

Sample and measurement details:

| Measurement: Surface tension / Interfacial tension / density | | | | | |
|---|-------------|-------|--|---|------------------------|
| Temperature: | | | Viscosity (If known): | | |
| Volume of Sample (min. 50ml): | | | Sample disposal: Discard / Return | | |
| Sl. No | Sample code | Type* | Nature** | Sample safety behaviour *** (tick as per below codes) | #Any other information |
| | | | | (1) (2) (3) (4) (5) (6) (7) (8) | |
| | | | | (1) (2) (3) (4) (5) (6) (7) (8) | |
| | | | | (1) (2) (3) (4) (5) (6) (7) (8) | |
| | | | | (1) (2) (3) (4) (5) (6) (7) (8) | |
| | | | | (1) (2) (3) (4) (5) (6) (7) (8) | |

***Sample Type:** Specify the physical state of the sample

****Sample Nature:** Organic/Inorganic/Polymer/Biomass/Composites/specify if any other

*****Sample Safety Behaviour:** 1.Non Hazardous, 2.Hazardous, 3.Flammable, 4.Biohazard, 5.Potent Compound, 6.Corrosive, 7.Explosive, 8.Samples giving rise to toxic or obnoxious gases or fumes on heating. Specify any other character (use backside or attach a separate sheet for more number of samples and details)

| | | |
|--|---------------------|----------------------|
| Payment details: contact SIF before payment (Attach SBI collect receipt with this form) | | |
| Date of payment: | Amount (Rs): | Reference No: |

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be misleading or misrepresenting, I am aware that I may be held liable for it.
- I am aware that the samples will be discarded, if not collected back within one week of receiving the results.
- I hereby agree to acknowledge Sophisticated Instrumentation Facility (SIF), NIT Tiruchirappalli in my publication for providing the resources and technical support for my research work. I also agree to send the publication reference to sif@nitt.edu(Journal name/ Volumenumber/ Names of the authors/ Date of issue of the publication) as and when it is published.

User Signature

Signature of the Supervisor/HoD
With Name and Seal

For SIF office use

| | | |
|------------------------------|-----------------------|--------------------------|
| User Sl.No: | User type: | Date received: |
| Date completed: | Operator name: | Operator Sign: |
| Payment verification: | Result status: | Coordinator Sign: |