National Institute of Technology, Tiruchirappalli
Tiruchirappalli 620015
Sophisticated Instrumentation Facility

Requisition Form for Contact Angle Meter

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

Sample and measurement detail:

Position: Horizontal / Tilt		Number of samples:		Sample disposal: Discard / Return		
Sl. No	**Sample code**	**Type***	**Nature****	**Sample safety behaviour*** (tick as per below codes)**		**Any other information**
				①②③④⑤⑥⑦⑧		
				①②③④⑤⑥⑦⑧		
				①②③④⑤⑥⑦⑧		
				①②③④⑤⑥⑦⑧		
				①②③④⑤⑥⑦⑧		

*Sample Type: :Thick solid/ Thin films/sheet/specify if any other

**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 give 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)
Note: The sample should have a perfectly flat surface and rest on the measuring table. The default contact fluid is water. Put a mark opposite to the measuring side.

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

1. 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.
2. I am aware that the samples will be discarded, if not collected back within one week of receiving the results.
3. 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/ Volume number/ 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:**