National Institute of Technology, Tiruchirappalli
Tiruchirappalli 620015
Sophisticated Instrumentation Facility

Requisition Form for Consultancy/Testing/Calibration/Others

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

Sample and measurement detail:

Sl. No	Sample code	#Any other information
Name of the test:		
Description of test:		
Number of samples:		**Sample disposal: Discard / Return**

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 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

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For SIF office use

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