



National Institute of Advanced Manufacturing Technology
Central Instrument Facility (CIF)

Requisition form for Tensile Testing (CPDA users)

Date: _____

Name of the user:	Name of the supervisor:
Designation of user:	Department:
Course: Ph.D./ M.Tech / B.Tech / ADC	Email ID:
No. of Samples submitted:	Contact No.

Test/s to be done: Please provide the following details:

S No.	Sample Name (Nomenclature)	Sample Material	Sample Gauge Length	Sample dimension (width - thickness)/ Diameter	Testing Speed <u>mm</u> /min	Sample Recollection (Yes / No)

Remarks, if any:

Payment Details

Test	Tensile Testing
No. of samples	
Amount	
Total Amount	
Total amount to be deducted from	CPDA of Prof/Dr. _____

Details are entered in CPDA register book at Page No. _____ and Serial No. _____

Signature of user

Signature of supervisor

Signature of HOD

For CIF office use – UTM Facility

Details are entered in UTM lab register book on Page No. _____ and Serial No. _____

Date of Completion:

Signature of Technician

Amount to be transferred Rs. _____

Signature of Chairman – CIF

Note: Duly filled SP-02 form needs to be attached with this requisition form.