



National Institute of Advanced Manufacturing Technology

Central Instrument Facility (CIF)

Requisition form for Tensile testing

Date: _____

Name of the user:	Name of the supervisor:
Designation of user:	Department:
Name and address of the institute / R & D Industry:	
Contact No.	No. of Samples submitted:
Email ID:	

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/min</u>	Sample Recollection (Yes / No)

Remarks, if any:

Signature of user

Signature of supervisor

Signature of Head/In-charge

For CIF Use

Date of Completion:

Signature of Technician

Details of Payment

Name of the user/payer:	
No. of samples/test to be done:	
Total amount paid:	Rs.
Date of Transaction:	
Mode of Payment:	UPI app (G-Pay / Phonepe / Paytm / Whatsapp /others) / NEFT / IMPS
Transaction ID:	
Copy of transaction attached:	Yes / No

Signature of user