

## Request form for Characterization Techniques

Applicant Name : \_\_\_\_\_ Date: \_\_\_\_\_

Designation : \_\_\_\_\_

Mobile Number : \_\_\_\_\_

E-mail : \_\_\_\_\_

Supervisor Name : \_\_\_\_\_

Affiliation with complete  
Address : \_\_\_\_\_

Equipment required : \_\_\_\_\_

No. of samples: \_\_\_\_\_

Sample mode : Powder/ Liquid / others

Analysis specification : \_\_\_\_\_

Amount (INR) : \_\_\_\_\_

Mode of payment: \_\_\_\_\_

Signature of applicant

Signature of supervisor

### For office use

No of Samples		Samples received on	
Date of experiment		Net charges	Rs :
Experiment done by		Charges received on	

Name & signature  
(System In-charge)