B.S. Abdur Rahman Crescent Institute of Science & Technology
Deemed to be University u/s 3 of the UGC Act, 1956

DEPARTMENT OF CHEMISTRY

Tel Ph. 044 22751347, 48, 50/Extn. 246/ 406

Material Testing requisition form (Internal / External)

Ref. No.		Submission date		
Name	:			
Designation / Programme	:			
Organization/ Institute	:			
Category	:	Industry	Research Scholar	Student
Address	:			
Contact Number	:			
Email.id	:			

TESTING DETAILS

Equipment/Test required	:	
Type of sample	:	
Sample Specifications	:	
No. of Samples	:	
Instructions (if any)	:	Tempt. range & Time (duration) Purging/ inert gas

Signature of the Student **Supervisor Signature with Date & Seal** **HOD Chemistry**

For office use

Slot allotted date	:	Start Time	End Time
No. of samples tested	:		Tested by:
Testing Charge	:		
Total amount to be paid	:		
Mode of Payment	:		
DD Number /Transaction details (NEFT)	:		
Details verified with account department	:		
Entered by	:		
Report sent on	:		

Equipment in-charge **HOD Chemistry**