For office use only

Sr. No……..

Date: / /

REQUISTION FORM FOR UTM/CHARPY AND IZOD IMPACT TESTER/ ROCKWELL HARDNESS/ WEAR TEST

DEPARTMENT OF MSME

MANIT BHOPAL (M.P.)

1. NAME OF THE USER:……

2. DEGINATION:……

3. ADDRESS OF DEPARTMENT/CENTER:……

……

4. E-MAIL: 5. CONTACT NO……..

6. Users: Industry ☐ Educational or R & D Institute ☐ MANIT ☐

7. Sample Specification (Metal/Alloy/Ceramic)

Steel ☐ Ceramic ☐ Polymer ☐ Aluminum ☐ Others ☐

8.Size of the sample required**:** **Cylinder**Diameter 10 to 20 mmLength50 to 120 mm

SheetThickness 3 to 12 mmwidth 20 to 30 mmLength50 to 120 mm

Recommendation from Head of Department/Institute/Industry/Center

The above samples may be accepted on the behalf of our department/ Institution/Industry/Center

Signature of user Supervisor's
(for student's only)

Signature of Head of Department

With official Seal

Signature of the user

For office use only

Consultancy serial No…… Sample ID.....

Payment received receipt no.……DD/cash……Dated…….Amount: ……

Signature of the Instrument Operator

Signature of Lab In charge

Note: The charges for Academic (250+ GST)-R&D Institute is (500/- + GST)- Industry (1000/- + GST) per sample

DD should be made in favour of "ICSC, MANIT" payable at Bhopal.