

Name:

Central Research Facility Centre National Institute of Technology Srinagar

Email: <u>crfc@nitsri.net</u> Website: <u>http://nitsri.ac.in</u>

3-Axis Laser Texturing -Markolaser

Requisition Form

Designation:

Contact No:			Email ID:		
Name of the Supervisor:			Department:		
No. of Samples:			Payment Details:		
Organization / Institute:			Date:		
Details of the samples					
Sample Code	Nature of Sample Metal/Polymer/ Composite	Texture pattern	Sample dimensions		

Instructions:

- 1. Only 4 samples per requisition will be accepted.
- 2. The users shall be allotted the time slots as per the availability. The users will be informed about their date and time of slot via e-mail / phone.
- 3. Data will be supplied in the Compact Disc by the Operator. Only new CDs will be accepted for data copying.
- 4. Only user is permitted to be present in the laboratory during analysis.
- 5. The soft copy of the requisition form can also be submitted via mail to crfc@nitsri.ac.in

Undertaking:

> I/We undertake to abide by the safety, standard sample preparation guidelines and precautions during testing of samples. I/We do understand the possibility of samples getting damaged



Central Research Facility Centre National Institute of Technology Srinagar

Email: crfc@nitsri.net Website: http://nitsri.ac.in

during handling and analysis. I/We shall not claim for any loss/damage to samples.

- > CRFC shall not take any responsibility about the analysis, interpretation and publication of data acquired by the end user.
- > I/We agree to acknowledge CRFC, NIT SRINAGAR in our publications and thesis if the results from CRFC facility are incorporated/used in them.
- > I/We hereby declare that the results of the analysis will not be used for the settlement of any legal issue.
- > CRFC, NIT Srinagar reserves the rights to return the samples without performing analysis and will refund the analytical charges (after deduction of GST) under special Circumstances.

Signature of the user	Signature of the supervisor/PI				
	Signature of the HOD with	stamp			
F <u>or Office use only</u>					
Lab reference no:	No. of samples:	Invoice/Receipt no:			
Name and signature of opera	ntor Name ar	nd signature of laboratory in-charge			