

**CENTRAL INSTRUMENTATION FACILITY  
B.I.T., MESRA**

**Requisition form for**

Ref. No. \_\_\_\_\_

Date: \_\_\_\_\_

Name of User:

Designation of User:

Contact No.

Email ID:

Purpose of analysis:

No. of Samples:

Name & address of the Institute/Industry:

Supervisor/Guide's Name:

Details (Chemical, Physical, Radioactive, Hazardous, others):

S.No.	Sample Name	Analysis Condition	Precautions	Required Parameter
1.				
2.				
3.				
4.				
5.				
6.				
7.				

*N.B.: If the sample(s) present any danger to the personnel or equipment then kindly provide appropriate handling instructions.*

- **User is requested to adopt standard technique for preparation of samples before giving them.**
- We agree to acknowledge CIF, BIT, Mesra, Ranchi in our publications and thesis if the CIF instruments results are incorporated/ used in them.


Bill in favor of:

Applicant's Signature

Signature of Supervisor/Guide

Head/In charge

Mode of Payment:

 Please bring FRESH CD ONLY for collection of results. Used CDs or PEN Drives are not allowed.

FOR OFFICIAL USE:

Testing Charges with tax:

Bill Ref. No.:

Testing Charges:

Tax:

DD Particulars:

Amount:

Issued on:

Drawee bank:

Test done by:

Instrument Name: