



**Dr B R AMBEDKAR NATIONAL INSTITUTE OF TECHNOLOGY
JALANDHAR**

G T Road Bye Pass, Jalandhar-144011, Punjab (India)

DEPARTMENT OF MECHANICAL ENGINEERING

Testing and Characterization Facility

Requisition Form

1. Name _____
2. Designation _____
3. Address _____

4. Tel. No. _____
5. E-mail: _____
6. Supervisor Name _____
7. Total No. of Samples _____
8. Details for analysis _____

Sr. No.	Sample ID	Test to be performed	Special Instructions (if any)

Undertaking

I, _____ hereby declare that the samples submitted herewith for analysis of the above listed tests are for the academic and research purpose only and the results of the same will not be used for setting any legal issues.

Signature of Research Scholar / Indenter

**Signature of the Supervisor / Head
Name:**

Designation:

Terms and Conditions

- The testing of samples will be carried out once the testing fee is deposited.
- The users will not be allowed to use the equipment under any conditions.
- The institutes / organisations having MOU with NIT Jalandhar may be considered internal users.

Address for correspondence:

Office (ME-306), Department of Mechanical Engineering

Dr B R Ambedkar, NIT Jalandhar (Pb) 144011

E-mail: tcf.me@nitj.ac.in