CENTRAL INSTRUMENTATION FACILITY (CIF)

LOVELY PROFESSIONAL UNIVERSITY

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Requisition form for Viscometer

Date:_						
Name	of User:		D	esignation of User:		
Contact No.:			E	mail ID:		
Purpose of analysis:			N	o. of Samples:		
Name of Guide/Supervisor:			D	epartment:		
User: Internal/External (if internal please specify registration no/UID)						
Paymo	ent options:					
The D post at and D	t the following evelopment, Bl	Lovely Professional Uni	entation Facility (CII	F), Division of Research		
Option	n 2: Online trai	ısfer				
	er cash in A/C	no	, Bank name	, IFSC		
Use for PAYTM						
Develo		38-106, Lovely Professi lia) - 144411	onal University, Jala	, Division of Research and andhar - Delhi G.T. Road,		
<u>Information of samples</u> Details (Chemical, Physical, Radioactive, Hazardous, others):						
	rement details	ysicai, Radioactive, 11aza.	idous, omers).			
		N. C. I		Te al		
S. No.	Sample code/ID	Nature of sample	Set parameters	If any other		
	COUC/1D	(e.g., solution, gel etc.)	(e.g., concentration)			
1						
2						
3						

5

Note: Maximum limit 5 samples per requisition form. If the sample(s) are hazardous to the personnel or equipment then kindly provide appropriate handling instructions. Kindly consult CIF for sample/sample preparation before bringing your samples for analysis. Attach extra sheet for any additional information.

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 during handling and analysis. I/We shall not claim for any loss/damage to samples.
- > CIF shall not take any responsibility about the analysis, interpretation and publication of data acquired by the end user.
- ➤ We agree to acknowledge CIF, LPU in our publications and thesis if the results from CIF instrumentation 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.
- > CIF, LPU reserves the rights to return the samples without performing analysis and will refund the analytical charges (after deduction of GST) under special circumstances.

Name and signature of the user

Name and signature of the supervisor/PI

Signature of the HOD with stamp

For office use only

Lab reference no:	No. of samples:	Invoice/Receipt no:
Samples received on:	Samples analyzed on:	Results delivered on:

Name and signature of operator

Name and signature of laboratory in-charge