



National Institute of Technology, Tiruchirappalli
Tiruchirappalli 620015
Sophisticated Instrumentation Facility

Requisition Form for Electrochemical Workstation

Name of the User:		Date:
Designation/Course:		Department:
Institute:		
Mobile Number:		Email:
Address:		

Sample and measurement details:

No. of samples:				Sample disposal: Discard / Return	
Sl. No	Sample code	Sample Dimension	Type of Measurement**	Sample safety ***	Test Parameters

Sample Handling Instructions (if any):

1. Use backside or attach extra sheet/reference article for any additional information
2. Sample preparation should be done by the user
3. All the chemicals required for the analysis has to be submitted along with the sample by the user

****Type of Measurement:** CV/GCD/OCV/EIS/Tafel/LPR/ Differential Pulsed Voltammetry/Square Wave Voltammetry/Other (please specify)

*****Sample Safety Behaviour:** 1. Non-Hazardous, 2. Hazardous, 3. Flammable, 4. Biohazard, 5. Potent Compound, 6. Corrosive, 7. Explosive, 8. Samples giving rise to toxic or obnoxious gases or fumes on heating. Specify any other character

Payment details: (contact SIF before payment)		
Date of payment:	Amount (Rs):	Reference No:

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be misleading or misrepresenting, I am aware that I may be held liable for it.
- I am aware that the samples will be discarded, if not collected back within one week of receiving the results.
- I hereby agree to acknowledge Sophisticated Instrumentation Facility (SIF), NIT Tiruchirappalli in my publication for providing the resources and technical support for my research work. I also agree to send the publication reference to sif@nitt.edu(Journal name/ Volume number/ Names of the authors/ Date of issue of the publication) as and when it is published.

User Signature

**Signature of the Supervisor/HoD
With Name and Seal**

For SIF office use

User Sl. No:	User type:	Date received:
Date completed:	Operator name:	Operator Sign:
Payment verification:	Result status:	Coordinator Sign: