



User Information:

Date:

Requisition Number	
Nature of Work: UG/PG/IDD/PhD. /PDF/Project/ Consultancy/ Industry	
Name of Indenter	
Name of Supervisor	
Employee ID	
Name and Address of Department/School	
Contact number	
Email Address	

Sample Information:

Sl. No.	1	2	3	4	5
Sample Name					
Physical State (Solid/Liquid)					
Quantity (g or ml)					
Shear Stress τ (Rad/Sec) Value/ Range					
Shear Rate (1/Sec) Value/ Range					
Measuring Time (hr)					
Temperature (oC)					

For viscoelastic samples:

Mode (Amplitude sweep/ Frequency sweep/ Single Frequency)					
Strain (%) Control Value/ Range					
StressControl Value/ Range					
Frequency ω (Rad/Sec) Value/ Range					
Strain (%) Control Value/ Range					
Strain (%) Control Value/ Range					

Requested Analysis Mode(s): (✓ Tick all that apply)

Rheological Measurements

All users are required to acknowledge the use of CIF equipment / CIF facility and the person(s) providing the technical help in all their research publications/ articles resulting from the use of CIF. A copy of such publication must be submitted to CIF for reference and record. Email: office.cif@iitbhu.ac.in

Rotation	
Oscillation	
Counter Rotation	
Counter Oscillation	
Magneto-Rheological Test (MR)	
Liquid Sample Holder (Bob & Cup with High Temp Furnace)	
Temperature Requirements	
Room Temperature	
Low Temperature (down to –100 °C)	
High Temperature (up to 500 °C)	
Specify required temperature range:	
DMA Testing Mode	
Solid Rectangular Fixture (SRF)	
Three-Point Bending	
Dual Cantilever	
Single Cantilever	
Thermo-Mechanical Analysis (TMA)	
Measurement Parameters (if any specific)	
Frequency:	
Strain/Stress Range:	
Temperature Ramp Rate:	
Duration of Test:	
Others:	

Pl. Specify if sample is *Toxic/ Hazardous/ Explosive/ etc.*:

Do you want to present during the characterization or not?

Sample required be to preserve or not: Yes/ No (If NO mode of disposal):

Signature & Remark of Operator:

Date & Time.....

Payment: Payment mode NEFT/RTGS/Net Banking etc. (GST 18% extra applicable)	
Details of the Account Holder	The Registrar
Bank Name & Branch	State Bank of India (IT-BHU Branch)
IFSC Code:	SBIN0011445
Account No.:	32778803937
Transaction reference No & Date	
Pl. Deduct Rs.	
<div>CIF: Professor In charge</div> <div>Signature with seal of the Faculty Member/PI</div>	

<u>FOR USE IN FINANCE OFFICE</u> <u>Expenditure may be debit/credit to:</u> Minor Head: IDF Minor Sub Head: Income from CIF	<u>PASSED FOR PAYMENT/ ADJUSTMENT</u> For Rupees <div> Asst. S.O. A.R. D.R. </div>
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