

## Central Instrument Facility, IIT (BHU), Varanasi-221 005 <u>Internal Requisition Form Rheometer</u>



User Information:			Date:					
Requisition Number	r							
Nature of Work: UG								
/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						
Rotation						
Oscillation						
Counter Rotation						
Counter Oscillation						
Magneto-Rheological Test (MR)						
Liquid Sample Holder (Bob & Cup with High						
Temp Furnace)						
Temperature Requirements	<b>,</b>					
Room Temperature						
Low Temperature (down to –100 °C)						
High Temperature (up to 500 °C)						
Specify required temperature range:						
DMA Testing Mode	<u> </u>					
Solid Rectangular Fixture (SRF)						
Three-Point Bending						
Dual Cantilever						
Single Cantilever						
Thermo-Mechanical Analysis (TMA)						
Measurement Parameters (if any specific	2)					
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: Yo	es/ No (If NO	mode of disposal):				
Signature & Remark of Operator:						
Date & Time	••••••					
Payment:						
A. Research Support Grant / CPDA						
Project Contingency (Project code)						
B. Department/School Operating Grant						
Pl. Deduct <b>Rs.</b>						
CIF: Professor In charge		Signature with seal of the Faculty Member/PI				
FOR USE IN FINANCE OFFICE		DACCED EOD DAYMENIO/ ADMICIEMENTO				
		PASSED FOR PAYMENT/ ADJUSTMENT				
Expenditure may be debit/credit to:	For Rupees					
Minor Head: IDF Minor Sub Head: Income from CIF						

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S.O.

A.R.

D.R.

Asst.