Central Instrument Facility, IIT (BHU), Varanasi-221 005

External Requisition Form FT-IR

Nature of Work: UG/PG/IDD/PhD./PDF/Project/ Consultancy/ Industry. (Pl. Tick) **Req. No.:**

User Information

Name of Indenter: .....

Name of Supervisor/PI (in case of PhD/Dissertation/Project): ..... Employee ID: .....

Name & Address of Department/School: .....

Phone Number: ..... Email: .....

Date: .....

Number of Samples: ..... **(Maximum Five Sample in One Form)** **Signature of the indenter**

Sample requirement: Powder – 10 mg; Liquid – 10 ml; Solid – 20 micron (1 cm × 1 cm)
ATR pH Value range – (Between 5 to 9)

Sl. No.	***Sample Name***	***Transmittance / Absorbance / Reflectance***	***Sampling Technique:*** *KBr / ATR*	***Resolution***	***No of Scan***
1					
2					
3					
4					
5					

Pl. Specify if sample is ***Toxic/ Hazardous/ Explosive***/ etc.: .....
Sample required be to preserve or not: Yes/ No (If NO mode of disposal): .....
Special request (if any): .....

Signature & Remark of Operator: .....*Date & Time* .....

✂ -

\Requisition Number (CIF Office will provide) :	
Payment: Demand Draft Only	
In Favour of	Registrar, IIT(BHU), Varanasi
Name of the Bank - State Bank of India **Name of Branch -** IT, BHU, Varanasi	**IFSC Code - SBIN0011445**
DD No.	Bank Name & Branch:
Pl. Deduct **Rs.**	
CIF: Professor In charge	**Faculty Member/PI /HoD/Coordinator** (Signature with seal)

FOR USE IN FINANCE OFFICE

Expenditure may be debit/credit to:

Minor Head: **Support Activities**
Minor Sub Head: **Income from Central Instrument Facility**

PASSED FOR PAYMENT/ ADJUSTMENT

For Rupees ……..…….....

Asst. **S.O.** **A.R.** **D.R.**

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: cifc@iitbhu.ac.in**