



**Central Instrument Facility, IIT (BHU), Varanasi-221 005**  
**External Requisition Form MPMS**



Nature of Work: UG/PG/PhD./ 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 of Department/School: .....

Full address for communication: .....

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

Date: .....

Number of Samples: ..... Signature of the indenter

Sl No.	Sample Name	Magnetization Vs Temperature		Magnetization Vs Field		Magnetic Susceptibility Vs Temperature		
		Temp. Range	Applied Field	Temp.	Field Range	Temp. Range	Applied Field	Frequency Range
1								
2								
3								
4								
5								

**Normal Measurement Temperature is 5K & highest Field is 5T. Justification is required if below 5K & above 5T field measurement is needed.**

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

Do you want to present during the characterization or not? .....

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

Special request (if any): .....

Signature & Remark of Operator: ..... Date & Time..... Instrument In-charge.....

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<p>Payment in Demand Draft Only (<b>In the favour of Registrar, IIT(BHU), Varanasi</b>)</p> <p>Payment: <i>DD No.:</i> _____ <i>Amount:</i> _____ <i>Date:</i> _____</p> <p><i>Bank Name &amp; Branch:</i> _____</p> <p><i>Pl. Deduct Rs.</i></p> <p><i>Signature of Professor In charge(CIF):</i></p>	<p><b>Faculty Member/PI/HOD</b> <b>Signature with seal</b></p>
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**FOR USE IN FINANCE OFFICE**

**Expenditure may be debited/credit to:**

Major Budget Head: **Special Fund**

Minor Budget Head: **Income for CIFC**

**PASSED FOR PAYMENT/ ADJUSTMENT**

For Rupees.....

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