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

Internal Requisition Form TMPS

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:

No. of Sample: …….. **Sample Type: ……..**

Sample Composition	
Describe Test Details 1.	
Describe Test Details 2.	

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:	
A. Research Support Grant / CPDA	
Project Contingency (Project code)	
B. Department/School Operating Grant	
Pl. Deduct **Rs.**	
Signature with seal of the Faculty Member/PI	
CIF: Professor In charge	**TMPS Coordinator**

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.**

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