



NATIONAL INSTITUTE OF TECHNOLOGY RAIPUR

Department of Chemical Engineering
G.E Road, Raipur – 492010, Chhattisgarh

Registration Form for Booking Analytical Instruments (Departmental Users)

Name of the Indenter / User: Date: / / 20.....

Programme: Ph.D. / M.Tech. / B.Tech. / JRF / SRF Semester:

Roll No. / Reg No. / Project No. (if under Sponsored/Consultancy project (or) Testing):

1.	Application for the analysis of:	AAS/ Contact Angle Analyzer / FTIR / GC / HPLC / Rheometer / UV-Vis Spectrophotometer / Potentiostat / Particle Size Analyzer (or) Other instrument	
2.	No of the sample (Max 03): Mode of the analysis (if any): Nature of the sample: Solid / Liquid / Gas & Volatile / Non Volatile / Powder / Crystalline / Amorphous / pH condition / any other condition..... Analysis Range (if any):		
3.	Contact details:	Email:	Mobile No:
4.	Signature of the Indenter / User:		Name of the Faculty Incharge:
	Name & Signature of the Supervisor / Guide / PI:		Signature:
5.	Remarks by Technical Assistant:		

Number of samples to be tested per slot will be maximum 3 (three). Additional slot will be decided by the person performing the test.



NATIONAL INSTITUTE OF TECHNOLOGY RAIPUR

Department of Chemical Engineering
G.E Road, Raipur – 492010, Chhattisgarh

Registration Form for Booking Analytical Instruments (Chemical Department Users)

Name of the Indenter / User: Date: / / 20.....

Programme: Ph.D. / M.Tech. / B.Tech. / JRF / SRF Semester:

Roll No. / Reg No. / Project No. (if under Sponsored/Consultancy project (or) Testing):

1.	Application for the analysis of:	AAS/ Contact Angle Analyzer / FTIR / GC / HPLC / Rheometer / UV-Vis Spectrophotometer / Potentiostat / Particle Size Analyzer (or) Other instrument	
2.	No of the sample (Max 03): Mode of the analysis (if any): Nature of the sample: Solid / Liquid / Gas & Volatile / Non Volatile / Powder / Crystalline / Amorphous / pH condition / any other condition..... Analysis Range (if any):		
3.	Contact details:	Email:	Mobile No:
4.	Signature of the Indenter / User:		Name of the Faculty Incharge:
	Name & Signature of the Supervisor / Guide / PI:		Signature:
5.	Remarks by Technical Assistant:		

Number of samples to be tested per slot will be maximum 3 (three). Additional slot will be decided by the person performing the test.