



**Department of Physics**  
**Job Requisition Form**  
**High Temperature Furnace**

**User Information**

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Department : \_\_\_\_\_

Contact Detail (Mob. No.& Email ID): \_\_\_\_\_

NIT Student /NIT Faculty & Staff / Other academic Institution  / Industries/R&D Laboratories/Other

Nature of the sample : Organic  / Inorganic  / Biomass  / Composites  / Other  \_\_\_\_\_

Sample Type : Powder  / palette  / Other  \_\_\_\_\_

Number of Samples : \_\_\_\_\_ (max number of 4 samples in one slot)

Heating Temperature : \_\_\_\_\_

Heating Rate : \_\_\_\_\_ (Degree/minute) ( 3, 4, 5) Total Heating Time: \_\_\_\_\_Hr

Holding Time : \_\_\_\_\_Hr

Cooling Rate : \_\_\_\_\_ Hour or \_\_\_\_\_(Degree/minute) (2, 3, 4) or natural cooling

Special Safety Concerns : Toxic  / non toxic  / other  \_\_\_\_\_

It is to certify that the applicant is a student /employee of our organization.

Signature of Student

Signature of Supervisor

Signature of Head  
with seal

Signature of Head of Institution  
with seal

**Note: # please bring with you: Crucible**

**# it will be the responsibility of the applicant to provide the sample with proper packaging.**

**Departmental Use**

Sample ID : \_\_\_\_\_ Date: \_\_\_\_\_

Machine Start Time: \_\_\_\_\_ Machine Stop time: \_\_\_\_\_ and Date: \_\_\_\_\_

Heating Time: \_\_\_\_\_ Hr. / Holding Time: \_\_\_\_\_ Hr. / Cooling Time: \_\_\_\_\_ Hr.

Bank Transaction Number: \_\_\_\_\_ Payment Date: \_\_\_\_\_

Testing Charge: \_\_\_\_\_

To be tested by

HOD of Physics



**Department of Physics**  
**Job Requisition Form**  
**Density Measurement**

**User Information**

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Department : \_\_\_\_\_

Contact Detail (Mob. No.& Email ID): \_\_\_\_\_

NIT Student /NIT Faculty & Staff / Other academic Institution  / Industries/R&D Laboratories/Other

Nature of the sample : Organic / Inorganic / Biomass / Composites / Other \_\_\_\_\_

Sample Type : Thin Film / Pellet / Other Solid \_\_\_\_\_

One Sample weight : Maximum 100gm

Number of Samples : \_\_\_\_\_ (max number of 4 samples in one slot)

Sample Information Code Name: . \_\_\_\_\_

Special Safety Concerns : Toxic  / non toxic  / other \_\_\_\_\_

It is to certify that the applicant is a student /employee of our organization.

Signature of Student

Signature of Supervisor

Signature of Head  
with seal

Signature of Head of Institution  
with seal

**Note: # it will be the responsibility of the applicant to provide the sample with proper packaging.  
# please bring with you: 300ml distilled water, Tissue paper.**

**Departmental Use**

Sample ID: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Bank Transaction Number: \_\_\_\_\_ Payment Date: \_\_\_\_\_

Testing Charge: \_\_\_\_\_

To be tested by

HOD of Physics



**Department of Physics**  
**Job Requisition Form**  
**Fourier Transform Infrared Spectrophotometer (FTIR)**

**User Information**

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Department : \_\_\_\_\_

Contact Detail (Mob. No.& Email ID): \_\_\_\_\_

NIT Student /NIT Faculty & Staff / Other academic Institution  / Industries/R&D Laboratories/Other

Required Analysis and Testing Range (400 cm<sup>-1</sup> to 4000 cm<sup>-1</sup>): \_\_\_\_\_

FTIR Spectrum : Absorbance  / Transmittance  / Reflectance

Nature of the sample : Organic  / Inorganic  / Biomass  / Composites  / Other  \_\_\_\_\_

Sample Type : Powder  / Thin Film  / Film Coating  / Liquid  / Other  \_\_\_\_\_

Number of Samples : \_\_\_\_\_ (max number of 5 samples in one slot)

Sample Information Code Name: . \_\_\_\_\_

Special Safety Concerns : Toxic  / non toxic  / other  \_\_\_\_\_

It is to certify that the applicant is a student /employee of our organization.

Signature of Student

Signature of Supervisor

Signature of Head  
with seal

Signature of Head of Institution  
with seal

**Note: # it will be the responsibility of the applicant to provide the sample with proper packaging.  
# please bring with you: Acetone, Tissue paper, Blank CD, IR grade KBr powder.**

**Departmental Use**

Sample ID: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Bank Transaction Number: \_\_\_\_\_ Payment Date: \_\_\_\_\_

Testing Charge: \_\_\_\_\_

To be tested by

HOD of Physics



**Department of Physics**  
**Job Requisition Form**  
**Spectrophotometer (UV-Visible)**

**User Information**

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Department : \_\_\_\_\_

Contact Detail (Mob. No.& Email ID): \_\_\_\_\_

NIT Student /NIT Faculty & Staff / Other academic Institution  / Industries/R&D Laboratories/Other

Wave Range (nm) : 190nm to 1100nm

Required Wave Range : \_\_\_\_\_ (nm)

Nature of the sample : Organic  / Inorganic / Biomass / Other  \_\_\_\_\_

Sample Type : Glass Film Coating  / Liquid  / Other  \_\_\_\_\_

UV Spectrum : Absorbance / Transmittance / Reflectance

Number of Samples : \_\_\_\_\_ (Max. number of 5 samples in one slot)

Sample Information Code Name: \_\_\_\_\_

Special Safety Concerns : Toxic  / non toxic  / other  \_\_\_\_\_

It is to certify that the applicant is a student /employee of our organization.

Signature of Student

Signature of Supervisor

Signature of Head  
with seal

Signature of Head of Institution  
with seal

**Note: # Base medium material is required for Baseline Correction.**

**# please bring with you: Acetone, Tissue paper, Blank CD.**

**# it will be the responsibility of the applicant to provide the sample with proper packaging.**

**Departmental Use**

Sample ID: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Bank Transaction Number: \_\_\_\_\_ Payment Date: \_\_\_\_\_

Testing Charge: \_\_\_\_\_

To be tested by

HOD of Physics



**Department of Physics**  
**Job Requisition Form**  
**Specrofluorophotometer (Photoluminescence)**

**User Information**

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Department : \_\_\_\_\_

Contact Detail (Mob. No.& Email ID): \_\_\_\_\_

NIT Student /NIT Faculty & Staff / Other academic Institution  / Industries/R&D Laboratories/Other

Sample Type : Powder  / Thin Film  / Film Coating  / Liquid  / Other  \_\_\_\_\_

Nature of the sample : Organic  / Inorganic  / Biomass  / Composites  / Other  \_\_\_\_\_

Instrument Wave Range: 220nm to 900nm

Number of Samples : \_\_\_\_\_ (max number of 5 samples in one slot)

Sample Information Code Name: \_\_\_\_\_

Excitation		Emission	
Excitation Wavelength :	to	nm	Emission Wavelength :
Emission Wavelength (nm)			Excitation Wavelength (nm)

Special Safety Concerns : Toxic  / non toxic  / other  \_\_\_\_\_

It is to certify that the applicant is a student /employee of our organization.

Signature of Student

Signature of Supervisor

Signature of Head  
with seal

Signature of Head of Institution  
with seal

**Note: # please bring with you: Acetone, Tissue paper, Blank CD.**

**# it will be the responsibility of the applicant to provide the sample with proper packaging.**

**Departmental Use**

Sample ID: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Bank Transaction Number: \_\_\_\_\_ Payment Date: \_\_\_\_\_

Testing Charge: \_\_\_\_\_

To be tested by

HOD of Physics



**Department of Physics**  
**Job Requisition Form**  
**Raman Spectroscopy Analysis**

**User Information**

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Department : \_\_\_\_\_

Contact Detail (Mob. No.& Email ID): \_\_\_\_\_

NIT Student /NIT Faculty & Staff / Other academic Institution  / Industries/R&D Laboratories/Other

Nature of the sample : Organic  / Inorganic / Biomass / Composites / Other  \_\_\_\_\_

Sample Type : Powder  / Thin Film  / Film Coating  / Liquid  / Other  \_\_\_\_\_

Required Analysis and Testing Range : 180 cm<sup>-1</sup> to 3975 cm<sup>-1</sup> / 537.2 nm to 674.8 nm

Laser Wavelength : 532nm (Fixed) Laser Power: 2 mW to 200 mW (milliwatt)

Sample Exposure Time (sample required) : \_\_\_\_\_ ms (millisecond)

Laser Power Source (sample required) : \_\_\_\_\_ mW (milliwatt)

Number of Samples : \_\_\_\_\_ (max number of 5 samples in one slot)

Sample Information Code Name: \_\_\_\_\_

Special Safety Concerns : Toxic  / non toxic  / other  \_\_\_\_\_

It is to certify that the applicant is a student /employee of our organization.

Signature of Student

Signature of Supervisor

Signature of Head  
with seal

Signature of Head of Institution  
with seal

**Note: # please bring with you: Acetone, Tissue paper, Blank CD.**

**# it will be the responsibility of the applicant to provide the sample with proper packaging.**

**Departmental Use**

Sample ID: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Bank Transaction Number: \_\_\_\_\_ Payment Date: \_\_\_\_\_

Testing Charge: \_\_\_\_\_

To be tested by

HOD of Physics



**Department of Physics**  
**Job Requisition Form**  
**Thermoluminescence Reader/OSL Reader**

**User Information**

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Department : \_\_\_\_\_

Contact Detail (Mob. No.& Email ID): \_\_\_\_\_

NIT Student /NIT Faculty & Staff / Other academic Institution  / Industries/R&D Laboratories/Other

Nature of the sample : Organic / Inorganic / Biomass / Composites / Other  \_\_\_\_\_

Sample Type : Powder  / Pellet / Other  \_\_\_\_\_

Temperature Profile : Heating Rate : \_\_\_\_\_ Centigrade per Second (1 to 20<sup>o</sup>C)

Heating Temperature : \_\_\_\_\_ <sup>o</sup>C (Max temp. 480<sup>o</sup>C)

Holding Temperature : \_\_\_\_\_ Second (if required)

Ultraviolet Source : Short UV 254nm / Long UV 365nm

UV exposure time (in minutes) : \_\_\_\_\_

Number of Samples : \_\_\_\_\_ (Max number of 5 samples in one slot)

Sample Information Code Name: \_\_\_\_\_

Special Safety Concerns : Toxic  / non toxic  / other  \_\_\_\_\_

It is to certify that the applicant is a student /employee of our organization.

Signature of Student

Signature of Supervisor

Signature of Head  
with seal

Signature of Head of Institution  
with seal

**Note: # please bring with you: Acetone, Tissue paper, Blank CD.**

**# it will be the responsibility of the applicant to provide the sample with proper packaging.**

**Departmental Use**

Sample ID: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Bank Transaction Number: \_\_\_\_\_ Payment Date: \_\_\_\_\_

Testing Charge: \_\_\_\_\_

To be tested by

HOD of Physics



**Department of Physics**

**Job Requisition Form**

**Chroma Meter**

**User Information**

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Department : \_\_\_\_\_

Contact Detail (Mob. No.& Email ID): \_\_\_\_\_

NIT Student /NIT Faculty & Staff / Other academic Institution  / Industries/R&D Laboratories/Other

Nature of the sample : Organic / Inorganic / Biomass / Composites / Other  \_\_\_\_\_

Sample Type : Thin Film / Pellet / Powder / Other  \_\_\_\_\_

Number of Samples : \_\_\_\_\_ (max number of 5 samples in one slot)

Sample Information Code Name: . \_\_\_\_\_

Special Safety Concerns : Toxic  / non toxic  / other  \_\_\_\_\_

It is to certify that the applicant is a student /employee of our organization.

Signature of Student

Signature of Supervisor

Signature of Head  
with seal

Signature of Head of Institution  
with seal

**Note: # it will be the responsibility of the applicant to provide the sample with proper packaging.  
# please bring with you: Acetone, Tissue paper,**

**Departmental Use**

Sample ID: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Bank Transaction Number: \_\_\_\_\_ Payment Date: \_\_\_\_\_

Testing Charge: \_\_\_\_\_

To be tested by

HOD of Physics





**Department of Physics**  
**Job Requisition Form**  
**AAA Solar Simulator**

**User Information**

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Department : \_\_\_\_\_

Contact Detail (Mob. No.& Email ID): \_\_\_\_\_

NIT Student /NIT Faculty & Staff / Other academic Institution  / Industries/R&D Laboratories/Other

Number of Samples/cells : \_\_\_\_\_ (max number of 4 samples in one slot)

Sample Information Code Name: . \_\_\_\_\_

Special Safety Concerns : Toxic  / non toxic  / other  \_\_\_\_\_

It is to certify that the applicant is a student /employee of our organization.

Signature of Student

Signature of Supervisor

Signature of Head  
with seal

Signature of Head of Institution  
with seal

**Note: # it will be the responsibility of the applicant to provide the sample with proper packaging.  
# please bring with you: Acetone, Tissue paper, Blank CD.**

**Departmental Use**

Sample ID: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Bank Transaction Number: \_\_\_\_\_ Payment Date: \_\_\_\_\_

Testing Charge: \_\_\_\_\_

To be tested by

HOD of Physics



**Department of Physics**

**Job Requisition Form**

**LCR Meter**

**User Information**

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Department : \_\_\_\_\_

Contact Detail (Mob. No.& Email ID): \_\_\_\_\_

NIT Student /NIT Faculty & Staff / Other academic Institution  / Industries/R&D Laboratories/Other

Nature of the sample : Organic / Inorganic / Biomass / Composites / Other  \_\_\_\_\_

Sample Type : Thin Film / Pellet / Other  \_\_\_\_\_

Heating Range : \_\_\_\_\_ (Room Temperature to 500°C)

Heating Rate : \_\_\_\_\_ °C (Temperature difference between to data reading)

Parameter : \_\_\_\_\_ (Max 4 parameters set at a time)

Number of Samples : \_\_\_\_\_ (with heating max number of 1 sample in one slot)  
(Without heating max number of 4 samples in one slot)

Sample Information Code Name: . \_\_\_\_\_

Special Safety Concerns : Toxic  / non toxic  / other  \_\_\_\_\_

It is to certify that the applicant is a student /employee of our organization.

Signature of Student

Signature of Supervisor

Signature of Head  
with seal

Signature of Head of Institution  
with seal

**Note: # it will be the responsibility of the applicant to provide the sample with proper packaging.  
# please bring with you: Acetone, Tissue paper.**

**Departmental Use**

Sample ID: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Bank Transaction Number: \_\_\_\_\_ Payment Date: \_\_\_\_\_

Testing Charge: \_\_\_\_\_

To be tested by

HOD of Physics



**Department of Physics**  
**Job Requisition Form**  
**Film Deposition Through Chemical Bath Deposition (CBD)**

**User Information**

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Department : \_\_\_\_\_

Contact Detail (Mob. No.& Email ID): \_\_\_\_\_

NIT Student /NIT Faculty & Staff / Other academic Institution  / Industries/R&D Laboratories/Other

Nature of the sample : Organic / Inorganic / Biomass / Composites / Other  \_\_\_\_\_

Sample Type : Thin Film / Pellet / Powder / Other  \_\_\_\_\_

Bath Temperature : \_\_\_\_\_ (max 90°C )

Heating Time : \_\_\_\_\_

Number of Samples : \_\_\_\_\_ (max number of 6 samples in one slot)

Sample Information Code Name: . \_\_\_\_\_

Special Safety Concerns : Toxic  / non toxic  / other  \_\_\_\_\_

It is to certify that the applicant is a student /employee of our organization.

Signature of Student

Signature of Supervisor

Signature of Head  
with seal

Signature of Head of Institution  
with seal

**Note: # it will be the responsibility of the applicant to provide the sample with proper packaging.  
# please bring with you: Acetone, Tissue paper, Beaker**

**Departmental Use**

Sample ID: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Bank Transaction Number: \_\_\_\_\_ Payment Date: \_\_\_\_\_

Testing Charge: \_\_\_\_\_

To be tested by

HOD of Physics



**Department of Physics**

**Job Requisition Form**

**Digital Oven**

**User Information**

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Department : \_\_\_\_\_

Contact Detail (Mob. No.& Email ID): \_\_\_\_\_

NIT Student /NIT Faculty & Staff / Other academic Institution  / Industries/R&D Laboratories/Other

Nature of the sample : Organic / Inorganic / Biomass / Composites / Other  \_\_\_\_\_

Sample Type : Thin Film / Pellet / Powder / Other  \_\_\_\_\_

Heating Temperature : \_\_\_\_\_ (max temperature 200°C )

Heating Time : \_\_\_\_\_

Number of Samples : \_\_\_\_\_ (max number of 4 samples in one slot)

Sample Information Code Name: . \_\_\_\_\_

Special Safety Concerns : Toxic  / non toxic  / other  \_\_\_\_\_

It is to certify that the applicant is a student /employee of our organization.

Signature of Student

Signature of Supervisor

Signature of Head  
with seal

Signature of Head of Institution  
with seal

**Note: # it will be the responsibility of the applicant to provide the sample with proper packaging.  
# please bring with you: Acetone, Tissue paper,**

**Departmental Use**

Sample ID: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Bank Transaction Number: \_\_\_\_\_ Payment Date: \_\_\_\_\_

Testing Charge: \_\_\_\_\_

To be tested by

HOD of Physics