



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: _____

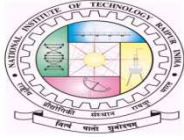
Heating Time: _____ Hr. / Holding Time: _____ Hr. / Cooling Time: _____ Hr.

Bank Transaction Number: _____ Payment Date: _____

Testing Charge: _____

To be tested by

HOD of Physics



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(Institute of National Importance)
G.E. Road Raipur (C.G.)

Phone : (0771)2243413
Fax : (0771) 2254600
Email : director@nitrr.ac.in
Website : www.nitrr.ac.in

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^{-1} to 4000 cm^{-1}): _____

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 (PL 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 : _____ to _____ nm
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



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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^{-1} to 3975 cm^{-1} / 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
TL Thermoluminescence/OSL

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^oC)

Heating Temperature : _____^oC (Max temp. 480^oC)

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

Nature of the sample : Organic / Inorganic / Biomass / Composites / Other _____

Sample Type : Thin Film / Solar Cell / Other _____

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, Blank CD.**

Departmental Use

Sample ID: _____ Time: _____ Date: _____

Bank Transaction Number: _____ Payment Date: _____

Testing Charge: _____

To be tested by

HOD of Physics



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Phone : (0771)2243413
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Email : director@nitrr.ac.in
Website: www.nitrr.ac.in

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 parameter set at a time)

Number of Samples : _____ (with heating max number of 1 samples 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 _____

Heating 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

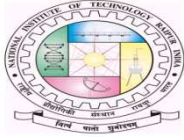
Sample ID: _____ Time: _____ Date: _____

Bank Transaction Number: _____ Payment Date: _____

Testing Charge: _____

To be tested by

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Department of Physics
Job Requisition Form
Digital Oven / Vacuum 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 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



Department of Physics

Job Requisition Form

Microwave Synthesizer

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 : Liquid / Other _____

Power Level : _____ {1 140W (20%), 2 210W (30%), 3 240W (35%), 4 280W (40%),
5 350W (50%), 6 420W (60%), 7 450W (70%), 8 490W (80%), 9 560W (90%),
H 700W (100%)}

Time : _____ (0 – 99 minutes)

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



Department of Physics

Job Requisition Form

Vacuum Spin Coater

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 _____

Timing : _____ (1 – 100 minutes)

RPM : _____ (2000 – 6000 rpm, 100 rpm variation)

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



Department of Physics

Job Requisition Form

Centrifuge

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 : Liquid / Powder / Other _____

Timing : _____ (1 – 99 minutes)

RPM : _____ (100 – 4600 rpm)

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



Department of Physics

Job Requisition Form

Glove Box

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 200°C)

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