

**CENTRAL INSTRUMENTATION FACILITY (CIF)  
CENTRAL UNIVERSITY OF JHARKHAND**

Cher-Manatu, Ranchi-835222, Jharkhand  
Telephone no: +....., Email-id: [cif@cujac.in](mailto:cif@cujac.in)

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**Requisition form for (\_\_\_\_\_)**

Date: \_\_\_/\_\_\_/\_\_\_

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

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

Contact No.: \_\_\_\_\_

Email ID: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Purpose of analysis: \_\_\_\_\_ No. of Samples: \_\_\_\_\_

Name of Guide/Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_

Organization: \_\_\_\_\_

**Beneficiary: *Internal/External (if internal, please specify):***

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

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

Employee ID: \_\_\_\_\_

Organization: \_\_\_\_\_

Facility Opted: Metallurgical/Welding/Electrical/Chemical: \_\_\_\_\_

**Material Details (Chemical, Physical, Radioactive, Hazardous, others):**

S. No.	Name of the Sample and Sample Number (as per the label indicated)	Analysis Condition	Precautions or specifications or adjustments	Required Parameter or property
1.				

2.				
3.				
4.				

**Any special instructions on analysis: (Keep Brief)**

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<b>Transaction Details</b>				
<b>Date</b>	<b>Payment Mode Online/Offline</b>	<b>Google Pay/Phone Pay/ Paytm/Others</b>	<b>Transaction/Reference Number</b>	<b>Amount</b>

**Note:**

- Any specific instructions on handling the materials must be clearly mentioned by the beneficiary. Use extra sheet.
- User is requested to adopt standard technique for preparation of samples before giving them for material testing
- We agree to acknowledge CIF, CUJ in our publications and thesis or any kind of report document if the CIF instruments results are incorporated/ used in them.
- Max of 4 samples per requisition form is allowed.
- Inappropriate samples will be returned back.
- The beneficiaries may contact the CIF personnel for the specifications of the material or sample preparation procedures.
- CIF, CUJ reserves the rights to return the samples without performing analysis and will refund the analytical charges under any special circumstances.
- If in any case the beneficiary requests to return the samples without performing analysis then 40% of the analysis charges will be refunded.

\_\_\_\_\_  
Name and signature of the user

\_\_\_\_\_  
Name and signature of the Supervisor/PI

\_\_\_\_\_  
Signature of the HOD with stamp

\_\_\_\_\_

**For office use only/केवल कार्यालय प्रयोग हेतु**

Type of Sample:	No. of samples:	Samples received on:
Samples analyzed on:	Lab reference no:	Invoice/Receipt no:
Report generated on:	Report emailed on:	Remarks:

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**Name and signature of operator**

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**Name and signature of Professor In-charge**

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**Head, CIF**