NATIONAL INSTITUTE OF TECHNOLOGY CALICUT

Department of Mechanical Engineering

Dynamics and Vibration Lab- Requisition Form for Consultancy Work

User Information	
Name (Registration Number)	
Designation	
Organization / College Name	
Address	
Contact Number	
Email Id	
Testing Details	
Test Required	
Type of sample	
Sample(s) code	
Sample Specifications	
Number of samples to be tested	
Category	Internal/ External /Industry
Test Conditions	
Signature of person requesting:	Date:

Please Note:

 1. It is mandatory that a prior confirmation is obtained from the Lab In-Charge for the feasibility. Kindly make sure that the requested date is a working day.

 2. Certification and undertaking by financially responsible person (HOD / Principal / Guide / Managing Director): I agree to pay the charges for this analysis and certified that the user is a student / employee of our organization.

Payment Mode:

Analysis report will be delivered only after payment of the fee. Payment via QR Code Scanning only.

Signature with date & seal

(HOD / Principal / Guide / Managing Director)

For Office Use	
Equipment to be used	
Estimated time (person hours)	
Consumable required and cost	
Any other expenditure and cost	
Total amount to be charged	
Estimated by (Name and sign)	
Approved by (Faculty in charge of Lab / HoD)	Date:
Request for accounts section: kindly collect the specified amount along with the applicable Goods & Service Tax, and credit it to the designated Head of Account MED – R & C	

Date of receipt of Sample	
Scheduled date of sample analysis	
Sample analysis done by	
Payment Details & Date	

Signature of Lab-In charge