NATIONAL INSTITUTE OF TECHNOLOGY, WARANGAL
Central Research Instrumentation Facility (CRIF)
User Requisition Form for TGDTA

Type of User: NITW / External Academic / Industrial Date:

Name of the user: Department: Institute / Industry Address of the Institute: Email: Contact No.:	Name of the Supervisor /PI: Email: Contact No:

S. No	Type of Sample	Temperature Range (Max 1600)	Heating Rate	Weight of sample (10-30 mg)
1				
2				
3				
4				

Please fill in appropriate numbers in the NFPA diamond according to the S.No. above (Refer the image at the end of

1  2  3  4 

i. **Sample Properties:** Carcinogenic(carcinogenicity level_) / Non Carcinogenic Radioactive / Explosive/ Toxic/ Corrosive / Flammable/ Non-flammable/ Others (Specify)
ii. **Whether incompatible with any material** : Yes/No (Specify the materials)
iii. **Toxicity:** Hazardous / Non Hazardous
iv. **Health Hazards:** Yes/No (irritant to skin/ irritant to eyes/ harmful to skin/ toxic if inhaled/ toxic if ingested)
v. **First aid measures:** Eyes/ Skin/Inhalation/Ingestion/Others(specify)
vi. **Disposal Methods of the sample:**
vii. **Additional information if any:**



Declaration:
I confirm that the samples submitted for analysis are for research purpose only and the above furnished details are correct and true to the best of my knowledge. I understand that I will be held responsible for any damages arising from incorrect information provided by me against the safety declaration points (**i** to **vii**).
I agree to acknowledge Central Research Instrumentation Facility (CRIF), NIT Warangal for providing (Instrument) analytical facility for my research work, in my publication. I also agree to send the publication reference to crif_head@nitw.ac.in (Journal name/ Volume number/ Names of the authors/ Date of issue of the publication).

Important Instructions:
- The maximum allowed Hours per slot is 4
- Continuous slot booking is not allowed; all users have equal priority.
- The slot will be cancelled if the user is absent at the allotted time.

For tariff details Scan here

Signature of the User
Date:

Signature of the Supervisor with stamp
Date:

A total amount (Including 18% GST) of ₹_____/- (In words_____ only) towards testing of all the above samples shall be paid from the DOC of our department to the F590 account.

Signature of the HOD with Stamp/Seal
Date: