NATIONAL INSTITUTE OF TECHNOLOGY, WARANGAL
Central Research Instrumentation Facility (CRIF)
User Requisition Form for Universal Testing Machine (UTM)

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

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

S. No	No. of Samples	Material type Polymer/ Ceramic/ Metal/Composite/ Specify if others	Sample type Sheet/ Round cross section	Temperature of the Test (°C)		Type of Test (Tick)		
				Room	Elevated	Tensile	Compressive	3-point bending
1								
2								
3								
4								
5								

Note:

- 3-point bending tests possible only at room temperature
- Tensile/ compression tests possible from -100 to 1000 °C
- Only round cross section samples can be tested between 300 to 100°C
- Sheet samples can only be tested between -100 to 300 °C

Safety instructions: Users should use proper gloves (to handle samples at high/ low temperature) and footwear while testing the samples.

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.

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 2
- 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: