NATIONAL INSTITUTE OF TECHNOLOGY WARANGAL

Central Research Instrumentation Facility (CRIF)

User Requisition Form for Anechoic chamber

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

Name of the User:
Department:
Name of the Institute / Industry:
Address of the Institute:

E-mail:
Contact No. :

Name of the Supervisor / PI:
E-mail:
Contact No.:
Total Amount Paid to "F590 / CRIF -Dean R &C":
Payment Date:
Receipt No:

Title of Research project:
DUT is intended for:

Sl. no	Available Facility	Tariff For NITW	Tariff for External Academic (18% GST Extra)	Tariff for Industry (18% GST Extra)	Whether Availing? (Yes /No)
1	Gain Plot, Directivity	₹ 200 per month per student	₹ 1500	₹ 4500	
2	Axial Ratio, Impedance		₹ 1000	₹ 3000	
3	2D Pattern		₹ 1500	₹ 4500	
4	3D Pattern		₹ 1500	₹ 4500	

Declaration:

I Confirm that the DUT submitted is for research purpose only and the above furnished details are correct and true to the best of my knowledge

I agree to acknowledge Central Research Instrumentation Facility (CRIF), NIT Warangal for providing (Instrument) Testing/analyzing facility for my research work, in my publication. I also agree to send the publication reference to techofficer_crif@nitw.ac.in (Journal name/ Volume number/ Names of the authors/ Date of issue of the publication).

Signature of the User

Signature of the Faculty-in-charge

Signature of the Supervisor/ HoD / PI with Seal / stamp

Signature of the Technical Assistant, CRIF

Signature of Technical Officer, CRIF

For office Use only:

Sl. No.	CRIF Ref No.	Amount Paid	Receipt /Invoice No.	DUT received Date	Date on which DUT utilized the facility	Softcopy sent through mail
1						