

### ANNEXURE-III

#### **CENTRAL INSTRUMENTATION FACILITY (CIF)**

#### **O.P. JINDAL UNIVERSITY**

O.P. Jindal Knowledge Park, Punjipathra, Raigarh, Chhattisgarh (India) - 496109,

Telephone no: +91-9445884028, Email-id: [cif@opju.ac.in](mailto:cif@opju.ac.in)

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

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

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

Contact No.: \_\_\_\_\_ Email ID: \_\_\_\_\_

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

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

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

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

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

In House Project/Sponsored Project/Consultancy Project: \_\_\_\_\_

Title of Project: \_\_\_\_\_

**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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**Transaction Details**

Date	Payment Mode Online/Offline	Google Pay/Phone Pay/ Paytm/Others	Transaction/Reference Number	Amount

**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, OPJU 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, OPJU 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.

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**Name and signature of the user**


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**Name and signature of the supervisor/PI**


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**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 HOD**


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**Head, CIF**