

S. No. (for office use).....

Date:

Department of Physics
Birla Institute of Technology, Mesra, Ranchi – 835215
(To be filled in duplicate)

Requisition form for processing instruments (Name of the instrument)

Name and Designation of the User:Department:.....

Mail id & Phone No of the User:

	No. of Days (to be filled by the user)	Dates: (To be filled by the In-Charge)	
Instruments required for:	(Maximum 7 days)	From	To

Details of the work: (to be filled by the user)

Purpose of work	Sample Specification	System parameters	Remarks

Consumables required (if any): (To be filled by the in-charge)	
Condition of the system before work (To be filled by the in-charge)	
Condition of the system after work (To be filled by the in-charge)	

Signature: User

Signature: Head, Physics Department

Signature: HOD/Supervisor/PI/Co-PI

Signature: In-charge of the System

Operator/ Instructor of the System:
(To be filled by the In-Charge)

Remark after completion of the work:

For Account Office:

Charge per day:.....

Name and Number of the Account/ Project from which charges to be deducted:

Account officer is being advised to transfer Rs.(Rs.....

.....only) as charges of using instrument from the Account

.....to the account of Department of Physics, BIT Mesra, Ranchi.

Name, Designation & Signature: Head/Supervisor/PI/Co-PI of the Project	Name & Signature: In-Charge of the system	Name & Signature: Head, Department of Physics