



**CENTRAL UNIVERSITY OF JAMMU**  
**CENTRAL INSTRUMENTATION FACILITY**  
 Rahya Suchani Bagla Samba-181143, J&K, India

**REQUISITION FORM FOR THERMAL EVAPORATOR**

Email: head.cif@cuammu.ac.in ; office.cif@cuammu.ac.in

**(Payment should be credit in: Central Instrumentation Facility, CUJ A/c No.0902040520000032  
 IFSC:JAKA0RAHYAA)**

**User Information**

<b>User Type (Please tick as applicable)</b>	:	Central University of Jammu <input type="checkbox"/> other Educational Institutions <input type="checkbox"/> R&D Labs <input type="checkbox"/> Industries <input type="checkbox"/>
<b>Name:</b>	:	
<b>Designation:</b>	:	
<b>Supervisor Name</b>	:	
<b>Research Area</b>	:	
<b>Department &amp; University / Institution/College</b>	:	
<b>Billing Name &amp; Address</b>	:	
<b>Phone/ Mobile Number</b>	:	
<b>E-mailAddress</b>	:	

**Sample Details**

**No. of Samples\*** :  
**Sample ID\*** :  
**Range of scanning\*** :  
**Mode of Data\*** : Thin film, contacts \_\_\_\_\_  
**Nature of Sample:** Explosive/Toxic/Hygroscopic/Light-Heat-Air sensitive  
**Sample requirement: Powder, target**

**Payment Details**

Amount paid:.....Draft No/ Transaction ID.....Dated:.....

**Recommendation from Head of Department**

The above samples may be accepted on the behalf of our department/Institution

Signature of user

Supervisor's Signature

Signature of Head of Department  
 With official Seal

.....-

**For office use only**

Payment received vides receipt no.....DD/cash.....Dated.....Amount:.....

Job No./Ref No. \_\_\_\_\_