



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

REQUISITION FORM FOR IV SOURCE METER

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

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

Sample Details

No. of Samples* :
 Sample ID* :
 Range of scanning* :
 Mode of Data* : IV/Temp dependent IV _____
 Nature of Sample: Explosive/Toxic/Hygroscopic/Light-Heat-Air sensitive
Sample requirement: Thin film, bulk
 Sample Type: Thin film, bulk _____

Payment Details

Amount paid:.....DraftNo/ 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. _____