

Electronic Tensometer (ETM) Requisition form for External User

Name : _____ Date: _____
Designation : _____
Supervisor Name : _____
Department : _____
Institution/Organization : _____
Email-Id : _____
Mobile No. : _____
User Category : Academic Institute / Industry
Billing Address : _____

Number of the samples	Sample code(s)	Nature of Sample(s)	Material Name	Test Name
		Plate / Wire / Sheet / Film / Other: _____		Tensile / Shear / Compression / Bending-3 Point / Bending-180°

Signature of the
User

Signature of the
Supervisor

Signature of the
ETM in-charge


Signature of the
Head/CFRD

Note:

- Sample/Coupon should follow ASTM standards for accurate results
- For metal samples, maximum thickness should not exceed 4mm
- For non-metal samples, maximum thickness should not exceed 7mm

Test Name	Academic Institute (Rs.)	Industry (Rs.)	Remarks
Any Test	500	1000	For 1 – 5 samples

* Charges may vary based on experimental conditions
18% GST is applicable

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