

**Usage Request – Form**  
**Impact Tester Facility**  
**Advanced Centre for Material Science, IIT Kanpur**

Date:

Name(PF/Roll No): _____ Email/Phone No: _____	Supervisor's Name: _____ Department: _____
<input type="checkbox"/> Impact Tester (Rs. 100/Sample (at room temperature) Rs.250/ Sample (at control temperature)	Sample details:
<b>Slot Preference:</b> <b>Week-Day:</b> _____ <b>Time:</b> <input type="checkbox"/> 9:30 am – 12:30 pm (Slot) <input type="checkbox"/> 2:00 pm - 5:00 pm (Slot)	User's Signature

Kindly transfer Rs. \_\_\_\_\_ ( \_\_\_\_\_ ) in words, from Project No. \_\_\_\_\_ to Account No. IITK/ACMS/20130314

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**Thesis Supervisor**

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**Facility co-ordinator**

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