



Indian institute of Technology, Kanpur Advance Center for Material Science

Mechanical Testing Lab (104)

Lab-in-charge: Mr. Ramakrishna

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Sample preparation Facility (103)

Lab-in-charge: Mr. Jai Kishan

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User Requisition Form

Name: _____
Roll No./ PF No. _____
Department _____
Institute (If outside IITK): _____
Roll No./ PF No: _____
Email: _____
Mobile No.: _____
Details of testing: _____
(attach additional sheet if required) _____

Name of the Supervising Faculty/PI: _____
Project no. to be charged: _____
Total Charges (to be filled by Lab-in-charge/ Operator): _____

Signature of Student: _____

Date: _____

I hereby authorize the transfer of an amount as per existing rate (Please check charges on website) to the Lab development account no. IITK /ACMS/20130314 from my project account no (given above). This is one time payment towards the use of the facility for above tests/ samples.

Signature of supervisor: _____

Date: _____

For more information about the facility, please visit:

www.iitk.ac.in/acms/mechanicaltestinglab.html and www.iitk.ac.in/acms/samplepreparationlab.html