



Central Research Facility (CRF)

The NorthCap University, Gurugram-122017, Haryana, India

For Office use only

Sr. No. -----

Date-----

Tel +911242365811 to 13 Fax +91 1242367488

Requisition Form for use of Facility

Name :

Designation :

Mobile no :

Email ID

User Category: (Tick)

NCU

Others. (Name of Organisation)

Instrument to be used :

Details of Service Required :

Number of Samples :

Type of Sample :

Sample Dimension

Mode of Payment : (For outsiders only),

Funds Transfer (Details)

DD

1. DD No. and bank

2. Date

3. Amount

Cash

1. Payment Slip No.

2. Date

3. Amount

Important Note: Kindly Consult CRF Incharge for Sample preparation before brining your samples for characterization.

Undertaking

I/we undertake to abide by the safety and sample preparation guidelines and precautions during testing of my samples. I/we shall not claim for any damage/harm to my samples submitted for the analysis by CRF Equipment's.

I/we shall give due acknowledgment to CRF, in the results so published in journals and also inform CRF Head about the publications which acknowledges the use of CRF facilities.

Signature of User

Signature with stamp

Date of submission of requisition:

Signature of CRF Incharge