

Usage Request – Form
Universal Hardness Tester Facility
Advanced Centre for Material Science, IIT Kanpur

Date:

Name(PF/Roll No): _____ Email/Phone No: _____	Supervisor's Name: _____ Department: _____
<input type="checkbox"/> Universal Hardness Tester	Sample details:
Slot Preference: Week-Day: _____ Time: <input type="checkbox"/> 9:30 am – 12:30 pm <input type="checkbox"/> 2:00 pm - 5:00 pm	User's Signature

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

Thesis Supervisor

Facility co-ordinator

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