



Requisition Form



Center for Design & Fabrication of Electronic Devices
(C4DFED)

Indian Institute of Technology Mandi, HP-175005

Ph No: 01905-267838-841; e-mail: c4dfed@iitmandi.ac.in

Job No. (Officially use): C4DFED/ _____

Date: ___/___/___

Name: Designation:

Roll No/Project Id (if any) : Mobile No.:

Email:

Name of Supervisor/Lab In charge/Facility In charge /Group head/PI/Co-PI/CI/others:

School/Department/Institute:

Full Postal Address:

Please mention sample details in the appropriate box(s). Refer the charges sheet for estimation of charges (on the backside of this sheet)

| S No. | Slot Booked Date (Office use only) | Required Instrument/ Facility Details | Samples Details | Time In | Time Out | Analysis Charges(₹) | Operator Name |
|-------|---------------------------------------|---------------------------------------|-----------------|---------|----------|---------------------|---------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Total Charges:

(Kindly charge the above amount from project No. /School.....)

Signature of User

Signature of Approving Authority

Supervisor /Lab In charge/Facility In charge /Group head/PI/Co-PI

Exp Details on Log Book page No Experiment performed by

Any other comments:

Signature of Instrument Operator/TA/Engineer

Signature of C4DFED Coordinator
IIT Mandi