



Central Instrumentation Facility

User Form- LCR Meter

Section-A (User Information)

1. User Name: (Mr./Ms./Mrs./Dr.)
2. User Type: Academic/ Industry
3. Affiliation:
4. Address:
5. (a) Email: _____ (b) Mobile No: _____
6. (a) Supervisor Name (If Applicable): _____
(b) Supervisor Employment ID (For KRMU): _____

Section-B (Sample Information)

7. Total Number of Samples*: _____ Date: _____
8. State of sample(s): Solid
9. Duration of Run (hr): _____
10. Frequency Range: _____ Range of Temperature: _____ °C
11. Nature of sample*: Hygroscopic Non Hygroscopic
 Volatile Non Volatile
12. Any Specific Requirement(s): _____

*Items marked with * details must be completed to carry out the measurements.*

Declaration:

1. Content of this report is meant for our information only and we will not use the content of this report for advertisement, evidence, litigation or quote as certificate to third party.
2. The samples submitted are non- toxic / non-hazardous and that the sample does not require special precaution while handling.
3. All publications of research work, where in the analytical services of the CIF, KRMU have been made use of, shall be duly acknowledged.

Signature of User: _____

Signature of Supervisor: _____

Section-C (Payment Details)

13. a) User code: _____ b) Invoice No. / Transaction Id.: _____
14. Payment Details: a) Mode: Online/Cash(Tick) _____ b) Amount: _____ c) Payment Date: _____

Section-D (CIF)

15. a) Date of Receive: _____ b) Date of Completion: _____

Signature of Operator (with date)