VELS

INSTITUTE OF SCIENCE, TECHNOLOGY & ADVANCED STUDIES (VISTAS)
(Deemed to be University Estd. u/s 3 of the UGC Act, 1956)
PALLAVARAM, THALAMBUR, PERIYAPALAYAM-CHENNAI
ACCREDITED BY NAAC WITH 'A++' GRADE



CENTRAL INSTRUMENTATION LABORATORY (CIL) FACILITY

ANALYSIS REQUEST FORM (* to be filled mandatory)

Analysis : **Contact Angle Meter** (2 samples per slot)

*Billing Name of the User :

(INTERNAL / EXTERNAL (ACADAMIC/INDUSTRIES)

Designation :

Department / Centre :

College/ Institution/ University/Industry :

Mobile number :

Email Id :

Number of sample(s) : Sample ID :

Name of sample(s) :

Nature of sample(s) : Powder/ Pellet/ Film/Toxic/Non-Toxic (Please tick✓)

Name & Address of the Guide :

Signature of the Student/User :

Signature of the Guide with Seal :

Mode of payment : **CASH / DD** **(Rs…… /-)**

Receipt / DD No, Date, Bank & Branch :

FOR OFFICE USE

Job Number: **Analysis Date:** **Report:** Complete//Incomplete//Repeat

Dean signature with date :

Operator' signature with date :

Note:
DD should be drawn in favor of **"VISTAS, CHENNAI"** payable at Chennai.
Data will be supplied only in the rewritable compact disc (RW-DVD).
For further details, contact at: **E mail :** technicalofficer.cilab@vistas.ac.in
Mobile : **+91 9962506284**
Any publication out of this work should be duly acknowledged as **"VELS INSTITUTE OF SCIENCE, TECHNOLOGY & ADVANCED STUDIES (VISTAS), CHENNAI"**



Note:

DD should be drawn in favor of **"VISTAS, CHENNAI"** payable at Chennai.

Data will be supplied only in the rewritable compact disc (RW-DVD).

For further details, contact at: **E mail :** technicalofficer.cilab@vistas.ac.in

Mobile : **+91 9962506284**

Any publication out of this work should be duly acknowledged as **"VELS INSTITUTE OF SCIENCE, TECHNOLOGY & ADVANCED STUDIES (VISTAS), CHENNAI"**