# Test Requisition Form

**Name of the contact person**

**Designation**

**Affiliation**

**Address**

**Phone number/Mobile number**

**Fax number**

**Email address**

**Specify the method of analysis**

**Test Conditions (if any)**

**Sample Details (Name/Lot no./Batch no./Part no./DOM/)**

**Nature of the sample (solid/liquid)**

**If solid, specify whether**

**Crystalline / amorphous**

**Whether Hygroscopic or not**

**Do you need expanded Plots?**

**If yes specify region from- to**

*Columns marked * must be filled to ensure quick processing of samples*

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We/I request for the above tests and agree that all the testing will be carried out as per LARPM general conditions of services & testing charges agreed.

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**Signature with date**

(HOD / Principal / Guide / Managing Director/)

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**Reports will be released only after payment is received.** All payments should be made in the form of a RTGS/NEFT/demand draft in favour of "CIPET LARPM A/c No. 34640722811" payable at Bhubaneswar. SBI Account No.: 34640722811, Branch Name: Infocity Branch, Bhubaneswar, IFSC Code: SBIN0010133. The payment should be sent to The Head, Laboratory for Advanced Research in Polymeric Materials (LARPM), B/25, CNI complex, Bhubaneswar-751024.