



**Institute Instrumentation Centre**  
**Indian Institute of Technology Roorkee**  
**Equipment Requisition Forms for External Users**  
**Equipment Name: PPMS**



|   |   |  |
|---|---|--|
| Name (in Capital letters)   |   |  |
| E-mail (in Capital letters):<br>Contact Number:<br>Name of the Institute/<br>Organisation with GST<br>number: |   |  |
| Invoice Required in<br>the name of  |   |  |
| Category  | Educational Institute: <input type="checkbox"/><br>Govt.R & D lab: <input type="checkbox"/><br>Industry: <input type="checkbox"/>   |  |
| No. of Samples  |   |  |
| Sample Type   | Solid/Film: <input type="checkbox"/><br>Powder: <input type="checkbox"/>  |  |
| Measurement Type  | Heat Capacity <input type="checkbox"/><br>Thermal Transport <input type="checkbox"/><br>AC susceptibility <input type="checkbox"/><br>VSM (DC magnetization<br>measurements) <input type="checkbox"/><br>Heat Capacity <input type="checkbox"/> |  |
| No. of Days   | Half Day <input type="checkbox"/><br>One Day <input type="checkbox"/><br>Two Days <input type="checkbox"/>  |  |
| Any other<br>requirement  |   |  |
| <b>Payment Details (Payment receipt must be attached)</b>   |   |  |
| I-STEM FBR No.  |   |  |
| Name of the A/c<br>Holder   |   |  |
| Name of the Bank  |   |  |
| Date of transaction   |   |  |
| UTR Number/<br>transaction number   |   |  |
| Total Amount (Rs)   |   |  |
| Signature of User   |   |  |
| Supervisor/HOD<br>(Signature with Seal)   |   |  |

| Category  | Charges per sample   |
|---|--|
| Outside educational<br>institute/ Govt. R &<br>D labs users               | 4,000/- (Half day/12 hrs)<br>6,000/- (One day/24 hrs)<br>10,000/- (Two days/48 hrs)  |
| Industry users  | 6,000/- (Half day/12 hrs)<br>10,000/- (One day/24 hrs)<br>15,000/- (Two days/48 hrs) |
| Note: In addition to above charges, GST @ 18.0%<br>will be charged extra. |  |

| Contact Us |                                       |
|------------|---------------------------------------|
|            | Dr. Vipin Chawla<br>Tel: 01332-284580 |
|            | vipin.mic@iitr.ac.in                  |

| For Official use only |  |
|-----------------------|--|
| Date of submission    |  |
| Payment details       |  |
| Amount received       |  |
| I-STEM FBR No.        |  |
| Remarks               |  |

Note: In case of leftover Samples requirement;  
please submit an extra envelope mentioning  
postal/Shipping address.

**The Account details for making the payment of  
Analysis Charges are mentioned overleaf. The  
details of payment must be filled in this form.**

**The details of the bank account are as under:**

|                  |                     |
|------------------|---------------------|
| Name of the Bank | STATE BANK OF INDIA |
| BRANCH OFFICE    | IIT ROORKEE- 247667 |
| ACCOUNT NO       | 33136732957         |
| Holder Name      | DEAN SRIC IITR      |
| BRANCH NO.       | 1069                |
| IFS Code         | SBIN0001069         |
| GST No.          | 05AAALI0033R1Z5     |

OR

|   |  |
|---|--|
| Scan QR Code for paying through any UPI App | <br><b>Scan &amp; Pay Using Any UPI App to</b><br><b>UPI ID: deansriciitr@sbi</b><br><b>MERCHANT NAME: DEAN SRIC IITR</b> |
|---|--|