



Indian Institute of Technology Kanpur

Advanced Centre for Materials Science

Mechanical Testing Laboratory (Room No:104)

Lab-in-Charge: Mr. Anoop Kumar Raut, JTS (anoopr@iitk.ac.in)

Contact Number (Lab): 0512-259-7878

User Requisition Form (IITK Users)

For

Tension / Compression / Fatigue / Creep / Impact / Bend test / Fracture Toughness / SSRT / Any Other Testing (Pl. Specify _____)

Name: _____

Roll No./ PF No. _____

Department _____

Email: _____

Mobile No.: _____

Details/Test Conditions of testing: _____

Name of the Supervising Faculty/PI*: _____

Project no. to be charged*: _____

Total Charges (to be filled by Lab-in-charge) _____

Date: _____

Signature of Student: _____

I hereby authorize the transfer of an amount as per existing rate (Please check charges on website) to the Lab development account no. IITK /ACMS/2019113 from my project account no (given above). This is one-time payment towards the use of the facility for above tests/ samples.

Date: _____

Signature of Lab Convener: _____

Signature of Supervisor/PI*: _____

For more information about the facility, please visit:
www.iitk.ac.in/acms/mechanicaltestinglab.htm