



**CENTRAL WORKSHOP DIVISION
DEPARTMENT OF MECHANICAL ENGINEERING
CEG, ANNA UNIVERSITY, CHENNAI-600 025.**

Sl. No

Contact: 044-2235 7737 / 7732

**REQUISITION FORM
SEM & EDAX**

Name of the User	
Designation	
Department/Centre	
Billing Address	
GST No.	
Mobile Number	
Email-id	
Number of sample(s)	
Name of the sample(s)	
Nature of sample(s): Powder/Pellet/Film/Biological	
Conductive/Non-conductive/Magnetic	
Name and Address of the Guide/Supervisor	
Signature of the User	Signature of the Guide with Seal

FOR OFFICE USE ONLY:

Signature of GF / CWS in-charge	Signature of the Faculty in-charge	Signature of Head, CWS
DD No. Date, Amount & Bank		
Date of sample analyzed		
Operator's signature		

Note:

- DD should be drawn in favour of "**The Director, CTD, Anna University, Chennai-25**" payable at Chennai.
- Data will be given only in the new compact disc (CD).
- Reports will be released only after payment is received.



**CENTRAL WORKSHOP DIVISION
DEPARTMENT OF MECHANICAL ENGINEERING
CEG, ANNA UNIVERSITY, CHENNAI-600 025.**

Sl. No

Contact: 044-2235 7737 / 7732

**REQUISITION FORM
TESTING**

Name of the User	
Designation	
Department/ Centre	
College/ Centre/ Department / Institution/ University / Industry	
GST No.	
Billing address	
Mobile number and Email i.d.	
Number of sample(s)	
Name of Sample(s)	
Name of Testing	Tensile/ Micro hardness/ Rockwell Hardness/ Compaction/Pin-on Disc/Corrosion/ Micro structural Analysis/ Corrosion/ Electric Furnace/ Muffle Furnace/ Ball Milling/ Polishing/ Metallurgical Microscope/ Compression Molding/ Dilatometer/ Surface Roughness/ Form Measurement/ Tool Maker's Microscope (Digital and Nikon)/ UV-Vis Spectrometer/ Ultrasonic Testing/ Density Measurement/ Dynamometer / TGA/DSC
Name & Address of the Guide	
Signature of the User	Signature of Guide with Seal

FOR OFFICE USE ONLY

Signature of GF, CWS	Signature of Faculty-in-charge	Signature of Head, CWS
DD No. Date, Amount & Bank		
Date of sample analyzed		
Operator's signature		

Note:

- DD should be drawn in favour of "The Director, CTD, Anna University, Chennai-25" payable at Chennai.
- Data will be given only in the new compact disc (CD).
- Reports will be released only after payment is received.



**CENTRAL WORKSHOP DIVISION
DEPARTMENT OF MECHANICAL ENGINEERING
CEG, ANNA UNIVERSITY, CHENNAI-600 025.**

Sl. No

Contact: 044-2235 7737 / 7732

**REQUISITION FORM
FATIGUE TESTING**

Name of the User		
Designation		
Department/ Centre		
College/ Institution/ University		
GST No.		
Billing address		
Mobile number		
Email-id		
Number of sample(s)		
Testing Conditions	Frequency (Hz) R σ_{max} σ_{min} σ_{mean}	
Name & Address of the Guide		
I will acknowledge the use of Fatigue testing for my research work in my publication and will send a copy of the publication to the Division.		
Name of the user: -----		
UG/PG/Ph. D/Other Inst./Industry	Signature of Guide with seal	
Signature of the User		
FOR OFFICE USE ONLY		
Signature of GF/CWS	Signature of Faculty-in-charge	Signature of Head, CWS
DD No. Date, Amount & Bank		
Date of sample analyzed		

Note:

- DD should be drawn in favour of **"The Director, CTD, Anna University, Chennai-25"** payable at Chennai.
- Data will be given only in the new compact disc (CD).
- Reports will be released only after payment is received.