

MANIPAL COLLEGE OF DENTAL SCIENCES, MANIPAL – 576104, KARNATAKA

(A constituent college of Manipal University)

DEPARTMENT OF DENTAL MATERIALS

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UNIVERSAL TESTING MACHINE (INSTRON 3366 - 10kN)

REQUISITION FORM

Date:

Form No: MCODES/DM/UTM/01

USER INFORMATION

Name	
Designation	
Department & Institution	
E – mail & Mobile No	
Bill No	
Course of study	M.Sc/ M.D.S/ M.Tech/ PhD/ Faculty /Others

DETAILS OF THE TESTING:

Project Name/Title		
No. of samples	Sample description	Specific requirements for testing
	Material:	Type of Loading:
	Dimensions (in mm/cm):	Rate of Loading:
		Expected parameters in results:
Does the sample present any danger to the personnel or equipment?		
If yes, - handling instructions		

NOTE:

1. All possible care will be taken in handling the samples. We will not be responsible for any damage during transit or handling
2. The charges have to be paid at the time of testing and to be paid at Manipal University.
5. Department of Dental Materials, MCODES, Manipal, Manipal University shall be acknowledged in all the publications using these results and a copy of the same will be sent to office.cods@manipal.edu

I/We agree to the above terms and conditions

Signature of Guide/HOD/HOI (with seal)

Signature of User

FOR OFFICE USE ONLY

Recommendation:

The samples can be analyzed

Dean,
MCOES, Manipal

Department of Dental Materials, MCODES, Manipal

INSTRON PAYMENT DETAILS

Date:

Kindly make necessary arrangements for payment of testing charges as per the following details.

Name of the student & Mobile No	Institution	No. of specimens	Charge/sample

Signature of the operator/In - Charge