



# Thermal Transport Lab

Room#215, School of Chemical & Materials Engineering (SCME),  
National University of Sciences & Technology (NUST), H-12, Islamabad

Form # MTL-TTL-01

## Testing Request Form

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Class / Dept. / Organization: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Project Title: \_\_\_\_\_

Project Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Equipment to be Used	Sample		Testing Specifications
	Quantity	Description	
<input type="checkbox"/> Impedance Analyzer			:
<input type="checkbox"/> Pico-Ammeter			
<input type="checkbox"/> Hall Effect Measurements System			
<input type="checkbox"/> Vacuum Tube Furnace			
<input type="checkbox"/> Laboratory Oven			
<input type="checkbox"/> Thermal Diffusivity System			
<input type="checkbox"/> Muffle Furnace			
<input type="checkbox"/> Lock In Amplifier			
<input type="checkbox"/> WSM			

### For Official Use:

Session Booking Date:		Booking Time:	
Session Booking Date:		Booking Time:	
Comments (if any)			

STUDENT / CUSTOMER: \_\_\_\_\_

Signature

FACULTY / SUPERVISOR\*: \_\_\_\_\_

Signature

HoD (Materials Engg) \*\*: \_\_\_\_\_

Signature

ANALYST/OPERATOR: \_\_\_\_\_

Signature

Lab In Charge: \_\_\_\_\_

Dr. Iftikhar H Gul

Signature

\*Student's supervisor must address all safety aspects to student, related to work request.

\*\*Student/ Individual, other than SCME, must come through proper channel.