



SCHOOL OF CHEMICAL AND MATERIAL ENGINEERING
NUST, Sector H-12, Islamabad PAKISTAN
Microscopy & Heat Treatment Lab

TESTING REQUEST FORM

Faculty

Students (BS / MS / Ph.D)

External

Name: _____ Registration #: _____

Dept. / Organization: _____ Contact #: _____

Email Address: _____

Project Title: _____

Project Supervisor Name: _____ Date: _____

Equipment to be Used:	Sample Description		Testing Specifications
	No. of Samples	Sample Specification	
Muffle Furnace (1100 °C)			
Muffle Furnace (1300 °C)			
Tube Furnace (1000 °C)			
Tube Furnace (1200 °C)			
Tube Furnace (1400 °C)			
Grinding Machines			
Mounting Press	Hot Mounting Press		
	Cold Mounting Press		
Microscopes			

For Official Use Only:

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

PROJECT SUPERVISOR*: _____
Signature and Stamp

HoD (Concerned Deptt.): _____
Initiating school / center if applicable

HoD (Materials Engg) **: : _____
Signature

Eqpt/Lab IN-CHARGE: _____
Signature

Analyst/Operator: _____
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.