

## RASHTRASANT TUKADOJI MAHARAJ NAGPUR UNIVERSITY, NAGPUR

Requisition form for	

## **Terms and Conditions:**

- 1. Samples should be submitted along with the duly filled & signed Requisition Form in envelopes with the facility name and experiment superscripted on the envelope.
- 2. Payment should be made online in advance in favour of Name of Account: RTMNU Research consultancy, Account number: 876210210000136, IFS code: BKID0008762, (payment gateway link) and Receipt having transaction ID should be enclosed with the samples sent.
- 3. The expected time of results can range from two weeks to a month (downtime of instruments due to any technical reason shall be excluded while calculating the aforementioned duration. In case of such delays there will be no financial implications on RTMNU).
- 4. Samples without payment receipt will not be run/analysed.
- 5. There will be no obligation on part of RTMNU to return the samples after the run/analysis.
- 6. RTMNU will provide an invoice once in a month (second week of every month).
- 7. RTMNU reserves the right to accept /reject the samples received, or to analyze any particular sample on priority basis. The amount paid by the client for analysis will be refunded by RTMNU pro-rata, if the samples are not run/analysed.
- 8. No sample would be analysed if the payments are made without following the above mentioned procedure. Any refund shall be made upon the written request submitted on the letter head duly signed by the competent authority of Institute/organization along with the bank details. The refund will be made after deduction of 10% of the total amount paid towards the administrative charges.

## Payment details:

Place:

Bank reference no.	Date of payment	Amount	
(NOTE: Pofore making naumont	kindly clear all gueries about	cample from the corresponding	

(NOTE: Before making payment, kindly clear all queries about sample from the corresponding Instrumental Incharge.)

Date:	Seal & Signature

1.	Name of c	ontact person:				
2.	Name of S	upervisor:				
3.	Name of Organization/Institute:					
4.	4. Address:					
5.	E-mail:					
6.						
7.	·					
	S.No.	Sample ID	Sample description	Remark, If any		
	3.140.	Sumple 15	(Powder/Pellet/Thin-film/Bulk/arother form)			
8.	Experimen	ital Parameters (e.g.):				
	Sr No	Sample type	Measurement specifications	Charges		
	1.					
	2.					
	3.					
	(Yes/ No) . Storage co	nditions:	tive:			
	rded by nd seal of he	ead of institution	Sign	and seal of mentor (if any)		
Submit	t the requisi	tion form to consultan	cy incharge:			