RHEOLOGY TEST
CENTRAL RESEARCH FACILITY
INDIAN INSTITUTE OF TECHNOLOGY (ISM), DHANBAD -826004

[Please read the information given overleaf before filling up this form and put a tick in appropriate box]

VISCOMETRY MODE

I wish to get ____ (in words) number of samples to be examined/analyzed.

The nature of sample is Solid ( ) , Liquid ( ) , Gel ( ) , Paste ( ) or Others ( )

Please elaborate the nature of sample:

……………………………………………………………………………………………………

Number of tests: ………………….. (in words)

Using High Pressure High Temperature Cell ( )   Using Liquid Nitrogen for Low Temperature ( )

MODE	SHAER STRESS (VALUE/RANGE)	SHEAR RATE (VALUE/RANGE)	TEMPERATURE
CONTROLLED STRESS			
CONTROLLED RATE			

NOTE: SAMPLE SHOULD NOT HAVE CURING CHARACTERISTICS WHILE HEATING.

User's Name (block letter):

………

Name of Supervisor/Guide:

………

Dept./Centre …………………… Lab Phone No…………………… Cell No…………………………………

Signature of HOD/HOC/Guide/PI/Prof.-in-Charge   Signature of the user

Details of analysis Charges:

The estimated charge for the work ₹ ………… (In wards … … … … … … … … … … … … … … … … … … ………………..) has been deposited through †DD (Number ………………..) / †Cash payment in the IIT (ISM) Dhanbad Cash counter (Receipt No. …………………) on ……………….. (date) /

OR

For internal users only:

To be debited from (**PDA/PDF/Project**): _____

† Please provide the original DD / CC of cash receipt along with this form.

Signature of the User /Faculty /Supervisor /PI

Please allot time and complete the work.

Signature of the Laboratory In-Charge

The above work has been done satisfactorily on …………………… (Date) within ……………………… number/s of slot and generated data has been delivered to me.

Signature of the operator   Signature of the user

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[Please read the information given overleaf before filling up this form and put a tick in appropriate box]

OSCILLATION MODE

I wish to get ___ (in words   ) number of samples to be examined/analyzed.

The nature of sample is Solid ( ) , Liquid ( ) , Gel ( ) , Paste ( ) or Others ( )

Please elaborate the nature of sample:

……………………………………………………………………………………………………

Number of tests: ………………….. (in words   )

Using High Pressure High Temperature Cell ( )   Using Liquid Nitrogen for Low Temperature ( )

MODE	STRAIN CONTROL (VALUE/RANGE)	STRESS CONTROL (VALUE/RANGE)	FREQUENCY (VALUE/RANGE)	TEMPERATURE
AMPLITUDE SWEEP				
FREQUENCY SWEEP				
SINGLE FREQUENCY				

NOTE: SAMPLE SHOULD NOT HAVE CURING CHARACTERISTICS WHILE HEATING.

User's Name (block letter):

…………………………………………………………………………………………………

Name of Supervisor/Guide:

………………………………………………………………………………………………………..

Dept./Centre ………………………… Lab Phone No………………… Cell No…………………………

Signature of HOD/HOC/Guide/PI/Prof.-in-Charge   Signature of the user

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Details of analysis Charges:

The estimated charge for the work ₹ ………… (In wards … … … … … … … … … … … … … … … … … … …………………..) has been deposited through †DD (Number ………………..) / †Cash payment in the IIT (ISM) Dhanbad Cash counter (Receipt No. …………………) on ……………….. (date) /

OR

For internal users only:

To be debited from (**PDA/PDF/Project**): _____

† Please provide the original DD / CC of cash receipt along with this form.

Signature of the User /Faculty /Supervisor /PI

Please allot time and complete the work.

Signature of the Laboratory In-Charge

The above work has been done satisfactorily on ……………………… (Date) within ……………………… number/s of slot and generated data has been delivered to me.

Signature of the operator   Signature of the user

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[Please read the information given overleaf before filling up this form and put a tick in appropriate box]

CREEP/CREEP RECOVERY

I wish to get ___ (in words   ) number of samples to be examined/analyzed.

The nature of sample is Solid ( ) , Liquid ( ) , Gel ( ) , Paste ( ) or Others ( )

Please elaborate the nature of sample:

………

Number of tests: ………………….. (in words   )

Using High Pressure High Temperature Cell ( )   Using Liquid Nitrogen for Low Temperature ( )

MODE	SHEAR STRESS (VALUE)	TIME	TEMPERATURE
CREEP			
CREEP RECOVERY			

NOTE: SAMPLE SHOULD NOT HAVE CURING CHARACTERISTICS WHILE HEATING.

User's Name (block letter):

………………………………………………………………………………………………………

Name of Supervisor/Guide:

………

Dept./Centre …………………………… Lab Phone No…………………… Cell No…………………………

Signature of HOD/HOC/Guide/PI/Prof.-in-Charge   Signature of the user

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Details of analysis Charges:

The estimated charge for the work ₹ ………… (In wards … … … … … … … … … … … … … … … … … … …………………..) has been deposited through †DD (Number ………………..) / †Cash payment in the IIT (ISM) Dhanbad Cash counter (Receipt No. …………………) on ……………….. (date) /

OR

For internal users only:

To be debited from (**PDA/PDF/Project**): _____

† Please provide the original DD / CC of cash receipt along with this form.

Signature of the User /Faculty /Supervisor /PI

Please allot time and complete the work.

Signature of the Laboratory In-Charge

The above work has been done satisfactorily on …………………… (Date) within ……………………… number/s of slot and generated data has been delivered to me.

Signature of the operator   Signature of the user