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]

| | VISCOME | TRY MODE | | | | |
|--|---|-------------------------------------|----------------------------------|--|--|--|
| I wish to get (in words | | | | | | |
| The nature of sample is Solid | (), Liquid (), Gel () | | • | | | |
| Please elaborate the nature of | | , , , , , , , , , , , , , , , , , , | | | | |
| | • | | | | | |
| Number of tests: | | |) | | | |
| Using High Pressure High Te | mperature Cell () Usin | g Liquid Nitrogen for Lov | w Temperature () | | | |
| MODE | SHAER STRESS | SHEAR RATE | TEMPERATURE | | | |
| | (VALUE/RANGE) | (VALUE/RANGE) | TEMI ERATURE | | | |
| CONTROLLED STRESS | | | | | | |
| CONTROLLED RATE | | | | | | |
| | | | ILE HEATING. | | | |
| Name of Supervisor/Guide: | | | | | | |
| Dept./Centre | | | | | | |
| • | | | | | | |
| | harges: for the work ₹ has been depose | sited through †DD (Num | Signature of the user | | | |
| payment in the IIT (I (date) / | SM) Dhanbad Cash coun | ter (Receipt No |) on | | | |
| | | OR | | | | |
| For internal users o To be debited from (P | | | | | | |
| † Please provide the c | riginal DD / CC of cash i | receipt along with this for | m. | | | |
| | | Signature of the | e User /Faculty /Supervisor /PI | | | |
| Diagonalist times and are the | . 4le e 221 e ul 2 | Signature of the | Cost / Faculty / Supervisor / PT | | | |
| Please allot time and complete | e the work. | | | | | |
| | | | | | | |
| | | Signature | e of the Laboratory In-Charge | | | |
| The above work has been don number/s of slot and generate | | | in | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Signature of the user

Signature of the operator

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

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]

| I wish to get (in | | <u>OSCILLATION MO</u> | <u>DE</u> | |
|--------------------------------------|--|-----------------------|---------------------------------|--------------------------|
| | | | | be examined/analyzed. |
| | e is Solid (), Liquid | (), Gel (), Paste (| or Others () | |
| Please elaborate the | nature of sample: | | | |
| | (in wo | | •••••• |) |
| | High Temperature Ce | | Nitrogen for Low Ten | nperature () |
| | STRAIN | STRESS | | 7 |
| MODE | CONTROL | CONTROL | 1 (V A I I I E / P A N (÷ E) | TEMPERATURE |
| | (VALUE/RANGE) | (VALUE/RANGE) | | |
| AMPLITUDE | | | | |
| SWEEP | | | | |
| FREQUENCY | | | | |
| SWEEP SINGLE | | | | |
| FREQUENCY | | | | |
| Signature of HOD/H Details of an | /Guide:Lab IOC/Guide/PI/Profin- nalysis Charges: | Phone No | Cell No | Signature of the user |
| |) has | s been deposited thro | ugh †DD (Number . |) on |
| * · | | | | |
| (date) / | | OR | | |
| (date) / For internal | l users only: d from (PDA/PDF/Pro | OR oject): | | |
| (date) / For interna To be debited | | oject): | ong with this form. | |
| (date) / For interna To be debited | d from (PDA/PDF/Pr | oject): | ŭ | /Faculty /Supervisor /PI |

Signature of the user

Signature of the operator

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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]

| I wish to get (in words The nature of sample is Solid Please elaborate the nature of | f sample: |) number of s | amples to be examined/analyzed. |
|--|---------------------------------------|------------------------|-----------------------------------|
| Number of tests: | (in words | Liquid Nitrogon for |) |
| MODE | SHEAR STRESS (VALUE) | TIME | TEMPERATURE |
| CREEP CREEP RECOVERY | | | |
| NOTE: SAMPLE SHOULD User's Name (block letter): | NOT HAVE CURING CH | ARACTERISTICS V | VHILE HEATING. |
| Name of Supervisor/Guide: | | | |
| | | | Cell No |
| Signature of HOD/HOC/Gui | de/PI/Profin-Charge | | Signature of the user |
| | e for the work ₹) has been deposi | ted through †DD (N | |
| , | l | OR | |
| For internal users o To be debited from (| PDA/PDF/Project): | | |
| † Please provide the | original DD / CC of cash re | eceipt along with this | form. |
| | | Signature of | the User /Faculty /Supervisor /PI |
| Please allot time and | complete the work. | | |
| | | Signa | ature of the Laboratory In-Charge |
| The above work has been donnumber/s of slot and generate | | | vithin |

Signature of the operator

Signature of the user