

# TESTING FOR INTERNAL PROJECTS / EXTERNAL PROJECTS

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Title of the Project:

Project No :

Coordinator Name:

Department:

## **User Details:**

Name:

Department:

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## **Test Details:**

Rate:

Sample Details :

Instructions: Receipt in the name of \_\_\_\_\_, IIT Madras.

Name & signature of the User:

Signature of Project Coordinator IIT Madras

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## **Office Use Only**

### **Payment Instructions:**

- ❖ Cost Details: Rs.
- ❖ Approval for Internal Transfer: \_\_\_\_\_ to Chemistry Department.
- ❖ **Project No: IT25260094CYAAAADPHOD Dated: 01.11.2024**
- ❖ PI Name: HOD Chemistry

Signature of Co-Ordinator(s)/In-Charge of Test

Signature (HOD)