Analysis : **Contact Angle Meter** (2 samples per slot)

\*Billing Name of the User :

 **(INTERNAL / EXTERNAL (ACADAMIC/INDUSTRIES)**

Designation :

Department / Centre :

College/ Institution/ University/Industry :

Mobile number :

Email Id :

Number of sample(s) : Sample ID :

Name of sample(s) :

Nature of sample(s) : Powder/ Pellet/ Film/Toxic/Non-Toxic (Please tick**✓)**

Name & Address of the Guide :

 Signature of the Student/User :

Signature of the Guide with Seal :

Mode of payment : **CASH / DD (Rs……………… /- )**

Receipt / DD No, Date, Bank & Branch :

**FOR OFFICE USE**

**Job Number: Analysis Date: Report:** Complete//Incomplete//Repeat

Operator’s signature :