

Advanced Mechanical Testing Facility (AMTF)

Registration Form for External User

Email: amtf@iitb.ac.in; Contact: 022-25764542

User Registration No (For office use only): _____

Date: _____

1. User Name: _____

2. Name of the Institute/Organization: _____

(Appropriate letter to be enclosed; please see instruction sheet)

3. Email ID and Tel. No.: _____

4. Sample Details:

No. of Samples _____ Sample Material _____

Thickness/Diameter (mm) _____ Width (mm) _____

Gauge Length(mm) _____

5. Test Details:

Analysis/Test required: _____

Temperature (°C) _____ Frequency (Hz) _____

Strain Rate /Load Rate _____ Strain Range /Load Range _____

Strain measurement device : Extensometer/DIC/Clip on gauge/ Video extensometer/None

6. Special requirement if any: _____

I certify that the sample(s) provided is (are) not hazardous and deleterious to humans or equipment and does not violate any ethical code.

Signature of the User _____

Note:

- Bring a CD/DVD for data collection (No USBs allowed)
- For additional sample details, back side of the form can be used, if required

For official use only:

Date of Experiment: _____

Operator Name and Sign. _____

Results Send Date _____