

Date: ___

NATIONAL TEXTILE RESEARCH CENTRE

ACADEMIC TESTING REQUEST FORM



Job Order _____

(For Office Use Only)

Student I	Name				or's Name &		
				designation			
Reg. No. (NTU stu	udents only)			ORIC Pro	ject Registration No.		
Departm	ent		Phone:		Email:	Email:	
Topic of	study						
Number	of Sample(s):						
Nature of Sample(s): □ l		□ Fibers	□ Yarn	□ Fabric	□ Powder	□ Liquid	□ Others
		Description	on:	•	·	•	
Sr. No. Sample No.		Tes	Tests Required		Standard Methods		Availability
							□ Yes □ No
							□ Yes □ No
							□ Yes □ No
							□ Yes □ No
	 Requirements:						□ Yes □ No
Applicar HOD's S	nt's Signature		Supervisor's Si Dean (FET) Sig				
					() ~-6		
		_					_
	Lab Engineer	-				Incharge (NT	 RC)
	Lab Engineer	-		Sampla Daga	······································	Incharge (NT	RC)
ob Order:	Lab Engineer	-		Sample Rece	-	Incharge (NT	 RC)
Expected Da	ate:		(1	-	only)		
Expected Da		Tes		-	-	Av	railability
Expected Da	ate:	Tes	(1	-	only)	Av	railability Yes □ No
Expected Da	ate:	Tes	(1	-	only)	Av	railability Yes □ No Yes □ No
	ate:	Tes	(1	-	only)	Av	railability Yes □ No Yes □ No Yes □ No
Expected Da	ate:	Tes	(1	-	only)	Av	railability Yes □ No Yes □ No

^{*} Please collect your samples within seven days after analysis. Otherwise department will not be responsible for your loss.
** Contact: Tel: 041-9230081 Ext-191,Mob:+92-3377401455, Email: $\underline{\text{ntrc@ntu.edu.pk}}$ Contact hours: 10:00 am -11.30 am & 2.30 pm -4.30 pm