

REQUEST FORM FOR HYBRID ROCKET BALLISTIC TEST

Date:

| | |
|---|----------------|
| Name | |
| Designation & Institution/ Company | |
| E-mail id | |
| Phone number | |
| Ballistic Test / Fuel Grain Preparation | |
| Total Number of Test Planned | |
| Oxidizer | Gaseous Oxygen |
| Average Oxidizer Mass Flux Range | |

| | | |
|--------------------------------------|-------------------------|----------------------|
| NEFT/IMPS Transaction Number: | Date of Payment: | Bank Details: |
|--------------------------------------|-------------------------|----------------------|

User wants to be present during test — **Yes/No.**
 If, Yes (Date)----- (to be mentioned by the concerned faculty)
Please Note:
 It is mandatory that a prior confirmation is obtained from the Lab In-Charge for the feasibility. Kindly make sure that the requested date is not a national holiday.
Certification and undertaking of financially responsible person (HOD/ Principal/ Guide): I agree to pay the charges for this analysis and certified that the user is a student/ Research scholar/ Faculty of our organization. I assure you that, all publications arising out of research work, where in the testing services of the Dept. of Aerospace Engineering, BSACIST have been made of use of the facility shall be duly acknowledged.
 Due to security issues use of pen drive are not allowed. Users are encouraged to obtain the soft copy of the data by Compact Disk (CD) or we will provide you with our media (e.g. CD) on additional payment basis if you intimate us in advance.

| | | |
|------------------------------|---|---|
| Signature of the user | Signature with date & seal (Research supervisor) | Signature of the HOD Aerospace Engineering (BSACIST) |
|------------------------------|---|---|

Payment:
 All the charges can be paid to Institute Account through online transfer (NEFT/IMPS).
For online transfer:
 Account Name: Registrar B. S. ABDUR RAHMAN CRESCENT INSTITUTE OF SCIENCE AND TECHNOLOGY
 Ac. No: 165702000000440
 Bank Name: Indian Overseas Bank
 Vandalur Branch Chennai - 48
 IFSC Code: IOBA0001657
 For queries please contact: Dr. Sri Nithya Mahottamananda
 Assistance Professor
 mahoero@crescent.education
 ph. +91 97902 51662

*Payment proof need to be attached