REQUISITION FORM

Scanning Electron Microscope Facility (Sigma-300, Carl Zeiss)

Central Instrumentation Center
Tripura University, Suryamaninagar – 799022, West Tripura
Email: cic@tripurauniv.in

User Information

Name: ……. Designation: …….
Address for …….
Correspondence / Billing: ……...
…….

Phone Number: …… Fax: …… E-mail address: …….
Title of the Project / Dissertation: ……..
…….

Details of samples submitted: Please provide the following details:

Serial. Number	Sample code	Nature of Samples : Metal / Film / Crystal / Biological / Ceramic / Tissue / Others**:**	Approx. Magnification required	Sputter coating required (YES/NO)	EDS required (YES/NO)	Approximate duration of instrument time

N.B.: *If the sample(s) present any danger to the personnel or equipment then kindly provide appropriate handling instructions. In absence of the owner / representative of the sample, image taken by the operator is final. New CD has to be sent with the sample for copying images from the computer.*

Instrument Time required:

I hereby certify that the user is a bonafide research student/employee of our organization, and the payment of the bills for the charges for analysis of the sample(s) shall be made by (please select one):

Research Scholar / Supervisor / Department / Any other ……

Date:	Signature	Signature	Signature
Place:	Research student	Supervisor/Teacher	Head/Coordinator/PI
		Name:	Seal:
		Seal:	

Please Note:
The charges have to be paid in advance at the time of submission of sample(s). All payments should be made by SBI Challan/ online transfer to the A/C No. **35660996430**, IFSC: **SBIN0010495** of SBI, Tripura University Campus Branch or in the form of DD in favour of "Finance Officer, Tripura University" payable at SBI, Tripura University Campus Branch. A cpy of payment proof has to be sent with the sample.
Kindly acknowledge the use of the Facility in your published papers and send us a copy of your published paper.
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