

SRM CENTRAL INSTRUMENTATION FACILITY (SCIF)
SRM INSTITUTE OF SCIENCE AND TECHNOLOGY, KATTANKULATHUR-603203

REQUISITION FORM FOR BET FACILITY

Date:

Name of the Applicant :
Name of the Research Supervisor :
Department/School :
University/Institute :
Email ids :
Contact Number :
Characterization Required :
No. of Samples :
Sample Properties :

Note:

1. Sample should be well dried; minimum 100 mg of the sample is required.
2. The user should provide pre-heat treated dried samples.
3. Sample analysis charges should be paid and payment details should be attached with this form.

Signature of Applicant

Signature of PI/Guide/HOD
With seal

Signature of Facility In-charge

.....For Centre Use

Slot No:

Slot Completed On:

Facility In-charge: