

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

REQUISITION FORM FOR ELECTROCHEMICAL WORK STATION FACILITY

Date:

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

Note:

1. The user should bring all necessary materials (Electrodes and solvent) to operate the instrument.
2. 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

Facility In-charge:

Slot Completed On: