

Date of Request:

## OFFLINE REQUISITION FORM FOR TEM (Emergency case only)

<b>Faculty User details :</b>					
Name of the faculty:  Designation:  Staff ID:  Mobile no:  E mail:					
<b>Research scholar/ Student contact details :</b>					
Name:  Contact Number:					
<b>Sample details :</b>					
S.NO	Nature of sample (solution/powder/thin film/dispersion polymer/biological)	Analysis required (eg: TEM imaging/SAED/EDAX etc.)	Any other characterization done earlier	Elements present in the sample	Grid is needed ( Yes/No)
1.					
2.					
Preferred slot date/time with justification :					
Approved slot date and time :			<b>Payment details</b> Amount paid : UPI ID/ payment ref no : Bank : Payment date :		
Any other remarks :					

**I confirm that I am an SRMIST employee & aware of the rules and regulations for using the TEM facility at SRMIST. I confirm that the samples being submitted is/are part of my research work at SRMIST. I assure you that the TEM facility SRMIST shall be duly acknowledged in all the publications/presentations arising out of this characterization.**

Date:

**Signature of TEM facility In-charge**
**Signature of guide (faculty user) with seal**

Name:

Signature