

REQUISITION FORM FOR LB-TFD FACILITY

Facility available: LBTFD [ ]

**User Information**

- |                              |   |       |
|------------------------------|---|-------|
| 1. Name                      | : | DATE: |
| 2. Designation               | : |       |
| 3. Affiliation               | : |       |
| 4. Address for communication | : |       |
| 5. Phone number              | : |       |
| 6. Email address             | : |       |
| 7. Special Instruction(s)    | : |       |

**Certification and undertaking by financially responsible person (HOD / Principal / Guide / Managing Director):** I agree to pay the charges for this analysis and certified that the user is a student / employee of our organization. § I assure you that, all publications arising out of research work, where in the services of the NRC, SRM University have been made use of , the Center shall be duly acknowledged.

Signature with date & seal  
(HOD / Principal / Guide / Managing Director)

**Sample information for LB-TFD:**

- \*Sample Name (No of samples): \_\_\_\_\_
- \*No of days the system is required: \_\_\_\_\_
- \*Consumables for the experimentation: \_\_\_\_\_
- \*Justification for experimentation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- \*Special sample preparation (if any): \_\_\_\_\_

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**(To be filled by the Center Incharge, Nanotechnology Research Center)**

Date of receipt of request: \_\_\_\_\_  
Scheduled dates of system allocation: \_\_\_\_\_  
Researcher in-charge for system: \_\_\_\_\_

Signature of Center Incharge

**Note:**

Any system may be booked for a maximum of three days using a single requisition form. Columns marked \* must be filled to ensure quick processing of request. Consumables will have to be self-procured. The person booking the system is also responsible to aid in the system maintenance after the completion of experiments.

§ - **No charges for students/staff of SRM University.**

The charges for external users have to be paid at the time of request submission. All payments should be made in the form of a demand draft(D.D) in favour of “SRM UNIVERSITY CONSULTANCY” payable at Chennai and the payment should be sent to **The Dean, Research, SRM University, Chennai – 600 203.**

Kindly send us the publication reference of all publication arising out of experiments done at the Center. (Journal name, Volume number, Names of the authors, Date of issue of the publication etc).