

User with date

Central Sophisticated Instrumentation Facility (CSIF)

Birla Institute of Technology & Science, Pilani, K K Birla Goa Campus

&





REQUISITION & PAYMENT FORM

(Field Emission Scanning Electron Microscope) Model: Quanta FEG 250

User Name: Unique ID (UIN): Email Address: Contact Phone/Mobile No: **SAMPLE INFORMATION** Have sampling modalities and requirements discussed with the technical in-charge (Y/N)..... Sample Nature of Samples: Mode of Analysis (SEM/STEM) Critical Point Sputter No. code* (Powder/ Thin Film / Biology & **EDX Elements** Drying (CPD) coating **Imaging** $(UIN - X^*)$ (for Biological others) required (YES/NO) samples) Yes/NO Please provide any other important information on a separate sheet (e.g. toxic samples) PREFERRED SLOT TIMING: I certify that my samples do not present any danger to the personnel or equipment and I have provided the appropriate handling instructions for safety to the operator before analysis. I hereby declare that no radioactive sample has been forwarded for analysis. I/We shall acknowledge the CSIF, BITS PILANI, K K Birla Goa Campus while publishing/reporting the results in journals/conferences or elsewhere. **PAYMENT DETAILS** Number of S.No. **Nature of Analysis*** Total Rate samples Total **Payment Details:** Source of funding & Details: Total Amount Paid to BITS BioCyTiH foundation: Rs. /-Date: / /

Technical In-charge

Accounts Office

HOD/Supervisor/PI