Central Sophisticated Instrumentation Facility (CSIF)

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

REQUISITION & PAYMENT FORM
(Transmission Electron Microscope)

Model: Talos F200S G2

User Name: …… …… **Unique ID (UIN)**: ……

Department: ……**University / Institution**: …… ……

Email Address: …… **Contact Phone/Mobile No**: ……

SAMPLE INFORMATION

Have sampling modalities and requirements discussed with the technical in-charge (Y/N).....

S. No.	Sample code* (UIN – X*)	Nature of Samples: (Powder/ Thin Film / Biological & others) with composition	Mode of Analysis : TEM					EDX / Mapping Elements	Staining for Biological Samples Yes/NO	No of Grids
			Imaging BF/DF	SAED	HRTEM	HRSTEM	Expected morphology			

Please provide any other important information on a separate sheet (e.g. toxic samples/Magnetic Samples etc.)
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

S.No.	Nature of Analysis*	Rate	Number of samples	Total
			Total	

Payment Details:

Source of funding & Details: _____

Total Amount Paid: Rs. _____/- **Date:** _____/_____/_____

User with date **HOD/Supervisor/PI** **Technical In-charge** **Accounts Office**