
Requisition Form for the use of Scanning Electron Microscope(SEM)

Department of Physics & Electronics

DR.R M L AVADH UNIVERSITY,FAIZABAD-224001(U.P)

Date: / /2011

Name of the User : _____

Department : _____

Nature of the Project : **M.Sc. / Ph.D. / Other** (_____)

No. Of Samples: _____ Scanning Magnification: _____

Nature of Samples : 1.Materials (BULK/THINFILM) 2.Biological(Bacteria/Others)

Sample Identification Code: _____

Special Requirements if any: _____

Lab. Contact No. & E – mail: _____

“GIVEN MATERIALS IS NOT POISONOUS SO NOT TAKE EXTRA PRECAUTION”.

Signature of the User: _____ Signature & Name of Guide: _____
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Signature of Head of Dept. with Dept. stamp: _____

1. A maximum of **2 Samples** will be accepted at a time. **2.** Only **One** registration will accepted at a time.

While receiving the results: -

Received samples and results Name of the Operator: -

Signature of the User: -

Date: -

(Attach a summary of the proposed work)

SEM RULES

- Registration form must be accompanied with properly attached Samples.
- Only registration will be accepted at a time.
- A maximum of 2 samples will be accepted at a time.
- Collect the samples and the SEM Photographs (i.e. hard copy) within 30 days of your registration.
- One user can register only one form and he cannot register again until the first one is complete.
- Once Scanning is done with your existing no of samples registered on the registration log book, we will not accept any new samples later with the same registration form. For that you have to register again.

Requisition Form for the use of X – Ray Diffractometer (XRD)

Department of Physics & Electronics

DR.R M L AVADH UNIVERSITY,FAIZABAD-224001(U.P)

Date: / /2011

Name of the User : _____

Department : _____

Nature of the Project : **M.Sc. / Ph.D. / Other** (_____)

No. Of Samples: _____ Scanning Range (2 θ): _____

Nature of Samples : Hygroscopic / Oxidisable / Poisonous / None of these.

Sample Identification Code: _____

Special Requirements if any: _____

Lab. Contact No. & E – mail: _____

“GIVEN MATERIALS IS NOT POISONOUS SO NOT TAKE EXTRA PRECAUTION”.

Signature of the User: _____ Signature & Name of Guide: _____
(_____)

Signature of Head of Dept. with Dept. stamp: _____

1. A maximum of **2 Samples** will be accepted at a time.
2. For Powder XRD samples should be submitted in the form of **fine powder** (preferably less than 20 μ m) to completely fill the rectangular cavity of the sample holder of dimension of Vol. 0.6cm³ i.e. l = 2, b = 1.5, h = 0.2 cm. For pallet samples, the sample should have dia. at most 1.5 cm and height 0.6cm.
3. Only **One** registration will accepted at a time.

While receiving the results: -

Received samples and results Name of the Operator: -

Signature of the User: -

Date: -

(Attach a summary of the proposed work)

XRD RULES

- Registration form must be accompanied with properly attached Samples.
- Only registration will be accepted at a time.
- A maximum of 2 samples will be accepted at a time.
- Collect the samples and the XRD results (i.e. hard copy) within 30 days of your registration.
- In normal case machine will be running on Monday, Wednesday and Friday.
- One user can register only one form and he cannot register again until the first one is complete.
- Once Scanning is done with your existing no of samples registered on the registration log book, we will not accept any new samples later with the same registration form. For that you have to register again.

FOR THIN FILM SAMPLES:

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FOR POWDER XRD SAMPLES:

- Sample should be submitted in the form of the fine powders (preferably less than 20 μ m) to completely fill the rectangular cavity of the sample holder of dimension of volume = 0.6 cm³ i. e. l = 2 cm, b = 15 cm, h = 0,2 cm.

FOR PELLET XRD SAMPLE

- The sample should have dia. at the most 1.5 cm length and 0.6 cm height

Requisition Form for the use of Ultraviolet-Visible Spectroscopy(UV)

Department of Physics & Electronics

DR.R M L AVADH UNIVERSITY,FAIZABAD-224001(U.P)

Date: / /2011

Name of the User : _____

Department : _____

Nature of the Project : **M.Sc. / Ph.D. / Other** (_____)

No. Of Samples: _____ Wavelength Range: _____

Nature of Samples : 1.Materials (Liquid/THINFILM)

Sample Identification Code: _____

Special Requirements if any: _____

Lab. Contact No. & E – mail: _____

“GIVEN MATERIALS/LIQUID IS NOT POISONOUS SO NOT TAKE EXTRA PRECAUTION”.

Signature of the User: _____ Signature & Name of Guide: _____
(_____)

Signature of Head of Dept. with Dept. stamp: _____

1. A maximum of **2 Samples** will be accepted at a time.
2. Only **One** registration will accepted at a time.

While receiving the results: -

Received samples and results Name of the Operator: -

Signature of the User: -

Date: -

(Attach a summary of the proposed work)

