



**SCANNING ELECTRON MICROSCOPE**  
 Room No:101, MSRC Building  
 Department of Physics  
 Indian Institute of Technology Madras, Chennai – 600 036.



**INTERNAL JOB REQUISITION FORM**

**PROJECT NO: IT/17-18/PHY/001/AAAA/MSRA**

**User Details:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Roll No/ID No: \_\_\_\_\_ Department: \_\_\_\_\_

B.Tech./D.D./M.Tech./M.S./Ph.D./Project/Faculty/Staff/Others (Specify): \_\_\_\_\_

Guide / Coordinator / Supervisor's Name: \_\_\_\_\_

Contact No.: \_\_\_\_\_ E-mail ID.: \_\_\_\_\_

**Sample Details:**

S.No	Sample composition & type	Requirements	Other Details
		<input type="checkbox"/> SE Image <input type="checkbox"/> Elemental Mapping <input type="checkbox"/> Image Spectrum <input type="checkbox"/> Others ( _____ )	
		<input type="checkbox"/> SE Image <input type="checkbox"/> Elemental Mapping <input type="checkbox"/> Image Spectrum <input type="checkbox"/> Others ( _____ )	

**Remarks (if any):**

**Certification and undertaking by Financially Responsible person: (HOD/Principal/Guide/Manging Director/Senior Official).** Certified that the sample submitted belong to the user mentioned above. I agree to acknowledge the usage of the facility in all publications arising out of the usage of the NFMT/MSRC/IITM facility. The details of publications will be intimated to the MSRC.

Signature of User

Signature of Faculty in charge

**Note: Please bring CD for copying the data (USB drives are not permitted). Maximum 2 samples per slot.**

**Charges will be Rs.900/- for Imaging, Rs. 1300/- for EDAX and Rs.1400/- for Mapping per sample**

**Details of the Payment**

The total amount of Rs. \_\_\_\_\_ may be kindly approved for "Testing of internal samples by various sophisticated instruments", project account in the Centre for Industrial Consultancy and Sponsored Research, IIT Madras, to be debited from (Please provide the required details below)

<input type="checkbox"/> Project(No.: _____) /	<input type="checkbox"/> RMF ( IIR No.: _____ )
Signature & Name of the forwarding Project Co-ordinator/ Faculty.	Office Seal & Date

**(OR)**

<input type="checkbox"/> Recurring Funds /	<input type="checkbox"/> DDF of the Department of _____
Signature & Name of the forwarding Faculty	Signature & Name of the HOD
Date: _____	Office Seal: