

ALAGAPPA UNIVERSITY

(A State University Reaccredited With 'A+' Grade by NAAC)



Karaikudi-630003

UNIVERSITY SCIENCE INSTRUMENTATION CENTRE

Requisition form for Internal Users of Alagappa University

		Date:		
Name in Capital	:			
Position	:	PG / M.Phil / Ph.D / PDF/Staff		
Name of the Research Supervisor	:			
Name of the Department	:			
Email ID/Mobile [#]	:			
Number of samples	:			
Characterization Study to be d	one :			
Sample Code	:			
Nature of the samples	:	Thin Film/ Powder/ Polymer/ Biomaterial/Others		
		For thin films – Sample Size - < 5mm(I) × 5 mm(w) x 3mm(t). Material should be in dry condition.		
* Should be mentioned				
Amount per Sample Total amount + GST 18 % Grant Total				
Amount remitted in A/C.No.530793493 of Indian Bank - AC Campus, Karaikudi.				
by Challan Dt Rs				
Users are requested to acknowledge the USIC facility supported by DST-PURSE and RUSA 2.0 in their research publications.				
Signature of the Student	_	re of the Signature of the HOD with seal		
For Office Use				
; 		Director		
Date of Sample Analysis		Director		



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UNIVERSITY SCIENCE INSTRUMENTATION CENTRE

Requisition form for External Users

Date:

Name in Capital	:	
Position	:	PG / M.Phil / Ph.D / PDF/Staff
Institution with Address	:	
Email ID/Mobile [#]	:	
Number of samples*	:	
[* Self addressed stamped envelope sho	uld be	sent for the return of samples, * Should be mentioned]
Sample Code #	:	
Nature of the samples	:	Thin Film/ Powder/ Polymer/ Biomaterial/Others
		For thin films – Sample Size - < 5mm(I) × 5 mm(w) x 3mm(t).
		Material should be in dry condition.
Characterization Study to be done	:	
(In favour of "The I Terms and Conditions: Samples will be analysed as or to the user, if no self addressed available only for a week after Magnetic material for TEM an analysis.	n "reco d stam analy	rar, Alagappa University, Karaikudi".) eived condition". The sample will not be returned ped envelope is attached. Generally samples are vsis. entially hazardous samples are not accepted for e above terms and conditions.
		ture of the Signature of the HOD visor with seal
	For	Office Use
Date of DD Remittance:		