

Indian Institute of Technology, Bombay  
Brookhaven NanoBrook Omni  
Central Facility for Dynamic Light Scattering (DLS)  
Room No.360, 2<sup>nd</sup> Floor, Chemistry Department Facility lab2  
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Department of Chemistry



1. External User Registration No.: \_\_\_\_\_ Date: / /
2. Name of the User: \_\_\_\_\_
3. Name of the Institute/Organization: \_\_\_\_\_  
\_\_\_\_\_

(Appropriate letter to be enclosed; please see instruction sheet)

4. Email and Tel. No.: \_\_\_\_\_
5. No. of Samples: \_\_\_\_\_
6. Sample Code: \_\_\_\_\_  
\_\_\_\_\_
7. Temperature (°C) for experiment: \_\_\_\_\_
8. Experimental details (name, no. of scans / cycles in a experiment, solvent, solvent Refractive Index, Viscosity and parameter if any) \_\_\_\_\_  
\_\_\_\_\_
9. Special requirement if any: \_\_\_\_\_

**Material is not poisonous/toxic in any way (please provide MSDS data sheet)**

We agree to acknowledge the Dynamic Light Scattering (DLS), **Central Facility of IIT Bombay** in our publications/ Reports/ Thesis in which the data is used.

Signature of the User \_\_\_\_\_

**Instructions:**

- A maximum of three samples/one registration form will be accepted at a time.
- Use back side of the form for writing the details of more than one sample.

**While receiving the results:**

Date of experiment: \_\_\_\_\_ Date of Result sent: \_\_\_\_\_

**Received samples and results.**

Signature of the User \_\_\_\_\_

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**For Office Use Only**

Date of experiment: \_\_\_\_\_ Date of Result sent: \_\_\_\_\_

Name of the operator: \_\_\_\_\_ Signature of operator: \_\_\_\_\_