Indian Institute of Technology, Bombay

Brookhaven NanoBrook Omni,

Central Facility for Dynamic Light Scattering (DLS)

 Room No.360, 2nd Floor, Chemistry Department Facility lab2

Email: amol\_ah@iitb.ac.in, Tel. No: 022-25764159

1. User Registration No.: Date: / /
2. Name of the User:
3. Name of the Guide and Department:

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

1. Email and Tel. No.:
2. No. of Samples/ synthesis:
3. Sample/ synthesis Code:
4. Experimental details [parameter, Scanning mode, Nature of Sample, solvent if any] \_\_
5. Special requirement if any:

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

Signature of the User

# Instructions:

* + A maximum of three samples will be accepted at a time (one time slot max 2 hrs).
	+ Use back side of the form for writing the details of more than one sample.
	+ Slots will be allotted only in office hours on selected working days in a week

# While receiving the results:

Date of experiment:

# Received samples and results.

Date of Result sent:

Signature of the User

Date of experiment:

# For Office Use Only

Date of Result sent:

Name of the operator: Signature of operator: