

INDIAN INSTITUTE OF TECHNOLOGY, BOMBAY
DEPARTMENT OF CHEMISTRY

Analysis request form Scanning Electron Microscope

Date:-

Name of the Instrument :

Facility Type of Analysis :

- SEM imaging only
- SEM + EDS :
- SEM + EDS + Mapping:

Name of the User : _____

Contact number : _____

Email ID : _____

Name of Faculty/PI/
Authorize person : _____

Name of Department : _____

Project code and budget : _____
Head for charging

Number of Samples (Approx In a month) : _____

Instrument Charges : _____
(Not to be filled by user)

Transaction details : _____

Signature of user

Signature of PI/Faculty

Date of Processing