



CENTRE FOR NANOSCIENCE AND NANOTECHNOLOGY,  
BHARATHIDASAN UNIVERSITY, TIRUCHIRAPPALLI – 620 024.

**NANO USER FACILITY**

**REQUISITION FORM FOR NANO USER FACILITY**

<b>Name &amp; Designation</b>		<b>Contact Number</b>	
		<b>E-mail</b>	
<b>Address for communication</b>			
<b>Name of the Supervisor</b>		<b>Contact Number</b>	
		<b>E-mail</b>	
<b>Internal(BDU)/ External/Industry</b>			
<b>Facilities Available</b>	AFM, FESEM, FESEM + EDS, PL – RT (Room Temperature), PL – LT(Low Temperature), DLS (Particle size analyzer)		

**Sample Description:**

S. No	Sample Name	Description of sample (metallic/non-metallic/polymer/biological/Solvent used etc.)	Facility Required (eg. AFM, FESEM, etc)

DD No. with date:

Name of the Bank with place:

Amount:

Signature of the Researcher

Signature with date & seal

Date:

(Supervisor/ HOD/Institution)

**Office use only**

Date of receipt of Sample -----

Date of analysis completed -----

Remarks:

Signature of the Coordinator