



**Central Instrument Facility (CIF), Sambalpur University**  
**Requisition form of Scanning Electron Microscope (SEM) Facility**  
**Faculty In-Charge of the Instrument: Dr. Dibakar Sahoo, School of Physics**

<b>Name:</b>	<b>Designation:</b>
<b>Department:</b>	<b>Institution:</b>
<b>Phone No:</b>	<b>Email Id:</b>

**Details of the samples (please provide the sample detail)**

Sl. No	Sample Code	Nature of the sample: Pellet/Metal/Film/ Biological/ Concentrate	Measurement Required (Put a tick mark in the required field)			Charges
			Charges per Sample (for SU students, scholars)			
			SEM (Rs. 200/-)	SEM with sputtering (Rs. 300/-)	EDAX (Rs. 100/-) (Elements present)	
1.						
2.						
3.						
4.						
5.						
<b>Charges</b>						
<b>Add GST (@ 18%)</b>						
<b>Total Charges with GST</b>						

**Declaration:** In all publications of research work resulting out of the services taken from CIF, Sambalpur University, the user must acknowledge '*Central Instrument Facility, Sambalpur University*'. I also abide by the rules and regulations of the CIF, Sambalpur University.

**Signature of the Research Scholar**

**Signature of Supervisor**

**FOR OFFICE USE ONLY**

<b>Number of Samples:</b>	<b>Date of Experiment:</b>
<b>Log Book Page Number:</b>	<b>Requisition Number:</b>

**Signature of Faculty In-Charge:**

**Signature of CIF In-Charge:**

**NB:** The requisition form along with the Payment Receipt to be submitted to the Faculty Charge of the instrument.



**Central Instrument Facility (CIF), Sambalpur University**  
**Requisition form of Scanning Electron Microscope (SEM) Facility**  
**Faculty In-Charge of the Instrument: Dr. Dibakar Sahoo, School of Physics**

<b>Name:</b>	<b>Designation:</b>
<b>Department:</b>	<b>Institution:</b>
<b>Phone No:</b>	<b>Email Id:</b>

**Details of the samples (please provide the sample detail)**

Sl. No	Sample Code	Nature of the sample: Pellet/Metal/Film/ Biological/ Concentrate	Measurement Required (Put a tick mark in the required field)			Charges
			Charges per Sample (for outside candidates)			
			SEM (Rs. 300/-)	SEM with sputtering (Rs. 400/-)	EDAX (Rs. 150/-) (Elements present)	
1.						
2.						
3.						
4.						
5.						
Charges						
Add GST (@ 18%)						
Total Charges with GST						

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**Central Instrument Facility (CIF), Sambalpur University**  
**Requisition form of Nuclear Magnetic Resonance (NMR) Facility**  
**Faculty In-Charge of the Instrument: Dr. Satya Narayan Sahu, School of Chemistry**

<b>Name:</b>	<b>Designation:</b>
<b>Department:</b>	<b>Institution:</b>
<b>Phone No:</b>	<b>Email Id:</b>

**Details of the samples (please provide the sample detail)**

Sl. No	Sample Code	Solvent*  *NMR solvents must be provided by the user	Measurement Required (Put a tick mark in the required field)			Charges
			Charges per Sample			
			Proton ( <sup>1</sup> H) NMR (5 scan) (Rs. 100/-)	Carbon ( <sup>13</sup> C) (128 scan) (Rs. 300/-)	2-D measurement (Rs. 1000/-)	
1.						
2.						
3.						
4.						
5.						
<b>Charges</b>						
<b>Add GST (@ 18%)</b>						
<b>Total Charges with GST</b>						

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**Signature of the Research Scholar**

**Signature of Supervisor**

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<b>Log Book Page Number:</b>	<b>Requisition Number:</b>

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**Central Instrument Facility (CIF), Sambalpur University**  
**Requisition form of Particle Size and Zeta Potential Analyzer Facility**  
**Faculty In-Charge of the Instrument: Dr. Hirak Chakraborty, School of Chemistry**

<b>Name:</b>	<b>Designation:</b>
<b>Department:</b>	<b>Institution:</b>
<b>Phone No:</b>	<b>Email Id:</b>

**Details of the samples (please provide the sample detail)**

Sl. No	Sample Code	Solvent* *Name of the solvent to be mentioned for refractive index	Measurement Required (Put a tick mark in the required field)			Charges
			Charges per Sample			
			DLS (Rs. 50/-)	Zeta Potential (Rs. 100/-)	DLS and Zeta Potential (Rs. 150/-)	
1.						
2.						
3.						
4.						
5.						
<b>Charges</b>						
<b>Add GST (@ 18%)</b>						
<b>Total Charges with GST</b>						

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**Signature of the Research Scholar**

**Signature of Supervisor**

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<b>Number of Samples:</b>	<b>Date of Experiment:</b>
<b>Log Book Page Number:</b>	<b>Requisition Number:</b>

**Signature of Faculty In-Charge:**

**Signature of CIF In-Charge:**

**NB:** The requisition form along with the Payment Receipt to be submitted to the Faculty Charge of the instrument.