



**REQUISITION FORM
ANALYTICAL FACILITY
SCHOOL OF PURE & APPLIED PHYSICS
Mahatma Gandhi University,
Priyadarshini Hills Kottayam-686 560, Kerala, India
Phone: 0481 2731043**

Name: Designation:

Address :

.....Pincode:.....

Billing Address

Phone Number:

E-mail address:

Type of Analysis

Sl. No	Analysis to be done	Nature of the Sample (liquid/solid/ high vapor pressure)	No of Samples	Specific request
1	XRD-Powder			
2	XRD-Single Crystal	Separate form is available		
3	DSC			
4	TGA/DTA			
5	PL Life time			
6	Fluorescence/PL			
7	UV-Vis			
8	UV-VIS-NIR (solid/liquid)			
9	Ellipsometer			
10	Microtopography			
11	AC Conductivity			
12	DC Conductivity			
13	Thin Film coating			
14				

Note: 1. If the sample(s) present any danger to the personnel or equipment, then kindly provide appropriate handling instructions

I hereby certify that the user is a bonafide research student/employee of our organization, and **we agree that we shall acknowledge the use of these instruments in any reports or publications.** The payment of the bills for the charges for analysis of the sample(s) shall be made by:

Name& signature

Name of the guide/head.....

(Signature and date) Head of Department

(Name, Signature and seal