**REQUISITION FORM**

FOR Microscope with Image analyzer (DMRX) Facility

(LEICA)

**SOPHISTICATED ANALYTICAL INSTRUMENT FACILITY**

**North-Eastern Hill University, Shillong-793022**

**Tel: 0364 2721806; 2721802: Fax: 0364 2550212**

**User Information**

Name: …………………………………………………………. Designation: ……………………….

Address for ……………………………………………………………………………………………….

Correspondence / Billing: ………………………………………………………………………………...

…………………………………………………………………………………………………………….

Phone Number: …………………… Fax: …………………… E-mail address: …………………….

Title of the Project / Dissertation: ……………………………………………………………………………………………..

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**Details of samples submitted**: Please provide the following details:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Serial. Number | Sample code | Nature of Samples : Metal / Film / Crystal / Biological / Ceramic / Tissue / Others**:** | Approx. Magnification required | Approximate duration of instrument time |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

 Image can be acquired through the optical microscope as well as digital image with the calibration bar can be analyzed. The samples can be either on a glass slide or mounted on acrylic/bakelite mounts. Users should carry out usual metallographic preparation such as polishing and etching whenever required.

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

Date of Appointment:

I hereby certify that the user is a bonafide research student/employee of our organization, and the payment of the bills for the charges for analysis of the sample(s) shall be made by:

**(a) Research Scholar (b) Supervisor (c) Department (d) Any other ………**

Date: Signature Signature Signature

Place: Research student Supervisor/Teacher Head/Coordinator/PI

 Name: Seal:

 Seal:

***Please Note****:* **Incomplete requisition forms will not be entertained.**

*The full charges have to be paid in advance at the time of submission of sample(s) by Demand Draft drawn in favor of*

***HEAD, SAIF, Shillong*** and *should be sent to* ***The Head, SAIF, NEHU, Shillong – 793 022 or***

through direct account transfer via internet banking either by **NEFT or IMPS** only  to the following account:

**Account number: 32378709270;     IFSC CODE:SBIN0004295;    BRANCH:SBI NEHU**

**Kindly acknowledge the use of the Facility in your published papers and send us the citation details.**

*To download this form and for other information, please visit* ***http://nehu.ac.in/Misc/Services/SAIF***

*Photocopy of this form can also be used*.