ISTEM-SOPHISTICATED ANALYTICAL INSTRUMENTATION FACILITY

PANJAB UNIVERSITY, CHANDIGARH-160014

ISTEM EQUPIMENT ID for FESEM: 319253

User Information

	<u>Oser informati</u>	<u>1011</u>
ISTEM FBR NO*:		
User Type: PU Campus (Please tick as applical Name:		tional Institutions / R&D Labs / Industries
Designation:		
Supervisor Name:		
Research Area:		
Department & University	sity/Institution/College:	
Billing Name & Addre	ss:	
	Pin	State
Phone/ Mobile Number	er:	
E-mail Address:		
	Sample Details	<u>s</u>
No. of Samples*	:	
Sample ID*	:	
Test Type*	: FESEM	
	EDS with Low Magnification	
	EDS with High Magnification	
	Mapping	
Note:		
1. For Mapping, FESEN	1 is must and EDS is optional (FESEM a	and Mapping charges are applicable)
	iges will be given for FESEM Imaging p	•
3. Kindly mention the	expected elements for the EDS sample	es.
Amount paid:Dated:Dated:		
	Recommendation from Head	of Department
The above s	amples may be accepted on the beha	If of our department/ Institution
Signature of user	Supervisor's Signature	Signature of Head of Department With official Seal
	For office use only	
Payment received vides receipt noDatedAmount:		atedAmount:
Job No. / Ref No		

Kindly attach the payment proof slip with this form

IMPORTANT: - As per the recent decision of FMC committee it is mandatory for user of SAIF facility to acknowledge the facility in their research work and communicate the same to SAIF Chandigarh for onward communication to DST, New Delhi. This condition is necessary for availing 80% discount for educational Institutes.