

**SOPHISTICATED ANALYTICAL INSTRUMENT FACILITY  
INDIAN INSTITUTE OF TECHNOLOGY, MADRAS  
CHENNAI – 600 036.**

**Requisition for HR-SEM measurements at SAIF (*Maximum 4 samples*)**

**Date:**

Name of the Applicant:

Name of the Research Supervisor:

Address for communication:

Billing Address:

Mobile No:

Email:

<i>S. No</i>	<i>Sample Code</i>	<i>Nature of the Sample</i> Powder / Metal / Film / Biological	<i>Nature of Studies</i> SEM / EDAX	<i>Approximate Magnification Required</i>	<i>Charges (Office Use)</i>	
					<i>SEM</i>	<i>EDAX</i>
<b>TOTAL =</b>						

This is to certify that the user is a bonafide student under my supervision and the necessary charges will be paid by the user / by me.

**Signature of the Research Supervisor**

**Seal**

**Signature of the Applicant**

As per the guide lines of the DST, kindly send us the publication reference duly acknowledging the facility utilized at SAIF / IITM for the measurement undertaken.