

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

Requisition for VSM measurements at SAIF (*Maximum 5 samples*)

Date:

Name of the Applicant:

Name of the Research Supervisor:

Address for communication:

Billing Address:

Mobile No:

Email:

S. No	Sample Code	Nature of the Sample Powder / Pellet / Metal	Melting Point	Expected property of the sample Diamagnetic / Paramagnetic / Ferromagnetic	Measurement Required
					M – H at Room Temperature M – H at Low / High Temperature M – T at LT / HT (Mention field)

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

NB: VSM measurement in person on an appointment basis is feasible. Charges for the measurements should be made through advance demand draft drawn in favour of “**The Registrar, I.I.T., Madras**” along with the samples at the time of taking the spectra. 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.