



# Advanced Instrumentation Research Facility

JAWAHARLAL NEHRU UNIVERSITY

NEW DELHI-110067, INDIA

TEL: 011-26704600, 26704560; Tele-Fax: 011-26742604

## Requisition Form for use of Facilities

S. No.:.....

Date:.....

**Instrument to be Used:**.....

Name of Chief Investigator/PI : .....

User Name:.....

Designation:.....

Address:.....

Tel/Mobile No.:..... Email:.....

<b><u>User Category:</u></b>	<b>JNU</b>	<b>Other Govt. Institutions</b>	<b>Industry/Private</b>
<b><u>Mode of Payment:</u></b>	Internal Fund Transfer	Demand Draft	Demand Draft
<b><u>Details:</u></b>			

**Nature of Analysis:**.....

### **Sample Information:**

Sample ID:.....

No. of Samples:.....

Storage Cond. :(RT, 4°C'(-)21°C, etc)..... Hazard/Toxicity.....

### **Undertaking**

I/We undertake to abide by the safety and sample preparation guidelines and precautions during testing of my samples. I/We shall not claim for any damage/harm to my samples submitted for the analysis by AIRF equipments.

AIRF shall not take any responsibility about the analysis, interpretation and publication of data acquired using equipments at AIRF.

I/We shall give due acknowledgement to AIRF and DBT grant (no. BT/PR3130/INF/22/139/2011) in published journals and also inform AIRF about the publications which acknowledges the use of AIRF facilities.

### **Signature of User**

Date of submission of requisition:

### **Signature with Stamp**

(User Faculty/Dean/Chairperson/Head of Institution/Chief Investigator)

### **Signature of AIRF Instrument In-charge**

#### **For Office Use Only:**

Deposit Amount: .....

Details of Slip: .....

Signature of Depositor: .....

**Important Note:** Kindly consult AIRF staff for sample/sample preparation before bringing your samples for analysis.



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## Requisition Form for TEM/ SEM

Request for: 

Sample Preparation	EM Viewing	EDX
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S. No. \_\_\_\_\_  
Date: \_\_\_\_\_

Name & Address of Chief Investigator with designation, Email and Tel. No. \_\_\_\_\_

User Name & Designation \_\_\_\_\_

Email & Mobile No. \_\_\_\_\_

<b>User Category:</b>	JNU	Other Govt. Institutions	Industry/ Private
<b><u>Mode of Payment:</u></b>	Internal Fund Transfer	Demand Draft	Demand Draft
<b><u>Details:</u></b>			

Type of Sample: \_\_\_\_\_ Number of Samples: \_\_\_\_\_ Name of fixative: \_\_\_\_\_

Orientation Required: 

T.S	L.S	Any
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Hazard/Toxicity: .....

### Undertaking

I/We undertake to abide by the safety and sample preparation guidelines and precautions during testing of my samples. I/We shall not claim for any damage/harm to my samples submitted for the analysis by AIRF equipments. AIRF shall not take any responsibility about the analysis, interpretation and publication of data acquired using equipments at AIRF. I/We shall give due acknowledgement to AIRF and DBT grant (no. BT/PR3130/INF/22/139/2011) in published journals and also inform AIRF about the publications which acknowledges the use of AIRF facilities.

### Signature of User

Date of submission of requisition (User Faculty/ Dean/ Chairperson/ Head of Institution/ Chief Investigator)

### Signature with stamp

### Signature of AIRF instrument In-charge

Date of submission of requisition

### Note:

- Biological samples will be accepted only after primarily fixation with suitable fixative.
- For TEM, samples should be trimmed into 1.0 -1.5 mm thick pieces (4 - 5 pieces for each sample).
- For SEM, samples the thickness may be upto 1 cubic cm.
- Fixation may be done in 2.5 % Glutaraldehyde and 2 % paraformaldehyde made in 0.1 M sodium phosphate buffer (pH 7.2). The fixed sample should be brought at AIRF, JNU in fixative or in phosphate buffer at 4 °C preferably between 10 am to 1 pm (Working days).
- Maximum of 10 samples per requisition form will be accepted for analysis in one day.

### For Office Use Only:

Deposit Amount .....

Details of Slip: .....

Signature of Depositor: .....

**Important Note:** Kindly consult AIRF staff for sample/sample preparation before bringing your samples for analysis.



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NEW DELHI-110067

Phone No. 011-26704600, 26738838

Fax No. 011-26741966

Email: [directorairf@mail.jnu.ac.in](mailto:directorairf@mail.jnu.ac.in)

## Authority Letter

I authorize Finance Section / Project Cell to deduct the amount of Rs.....(Rupees.....) for using the Instrument / facility ..... at AIRF. The amount may be deducted from the School's / Centre's - LRE\* / Contingency, UPE-II / etc.) Project Head titled“.....” for the financial year.....

Signature.....

Signature with stamp

Name of the Student.....

Name of the Faculty.....

Name of School / Centre.....

Name of School / Centre.....

Mobile No.....

Tel. /Mobile No.....

Date: .....

Date: .....

\*Central funds operated by School / Centre must be forwarded by Dean / Chairperson.

Signature with stamp.....

(For AIRF Office Use only)

Signature.....

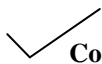
Date:.....

Name of Instrument In-charge.....

Advanced Instrumentation Research Facility

Director, AIRF

Date: .....



Copy for information to the Faculty concern

(For Finance Section / Project Cell Use only)

Finance Section / Project Cell