

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

proval No			S. No.:
te			Date:
Instrument to be Used	<u>/</u> :		
Name of Chief Investigator	r/PI:		
User Name:			
Designation:			
Address:			
Tel/Mobile No.:	Email:		
<u>User Category</u> :	JNU	Other Govt. Institutions	Industry/Private
Mode of Payment:	Internal Fund	Online Transaction/	Online Transaction/
	Transfer	Reference no. & date	Reference no. & date
<u>Details</u> :			
	(-)21°C,etc)	Hazard/Toxicitydertaking	
shall not claim for any damage/h AIRF shall not take any respons We understand that service tax v Signature & Stamp of PI/head/Ir I/We shall give due acknowled journals and also inform AIRF a	safety and sample prepara marm to my samples submit ibility about the analysis, in will apply as per Accounts & astt/Univ. is mandatory for dgement to AIRF and DE about the publications within that acknowledged and in	ation guidelines and precautions during ted for the analysis by AIRF equipment terpretation and publication of data as Section circular no. IX/2/1/2017-18/Fin approve your requisition form. BT grant (no. BT/INF/22/SP27315/2	nts. equired using equipments at AIR nance/ dated 16.05.2017. 018, 28/09/2018) in published
Signature of User Date of submission of requisit Signature of AIRF Instrume		Signature with S Dean/Chairperson/Head of Institu	
Date of submission of requisit Signature of AIRF Instrume For Office Use Only:	ent In-charge		tion/Chief Investigator)
Date of submission of requisit Signature of AIRF Instrume For Office Use Only: Deposit Amount:	ent In-charge	Dean/Chairperson/Head of Institu	tion/Chief Investigator)



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Requisition Fo	orm for T	EM/ SEM
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Approval No	Kequisii	HOII I OI II	TIOI TENI/ SENI	<u>.</u>	
Date	Sample Prepara	ation	EM Viewing	EDX	
'		'		1	S. No
					Date:
Name of Chief Investigato	r/PI:				
User Name:					
Designation:					
Address:					
Tel/Mobile No.:	Ema	il:			
User Category:	JN	JNU		t. s	Industry/ Private
Mode of Payment		ıl Fund	Online Transaction/ Reference no. & date		Online Transaction/ Reference no. & date
<u>Details</u> :	Tran	nsfer			
Type of Sample:		Nun	nber of Samples:		Name offixative:
Orientation Required:	T.S L.S	An	Hazaro	1/Toxicity:	
	,	Undertak		a/ TOXICITY.	
not claim for any damage/harm to AIRF shall not take any responsible We understand that service tax will Signature & Stamp of PI/head/Inst I/We shall give due acknowledger and also inform AIRF about the pure In case AIRF and DBT is not AIRF facilities in the future.	ility about the analysis il apply as per Accoun tt/Univ. is mandatory f ment to AIRF and DB ablications within 3 me	s, interpretati ts Section ci For approve y T grant (no. onths.	on and publication of reular no. IX/2/1/2017 our requisition form. BT/INF/22/SP27315	data acquired 7-18/Finance/ 5/ 2018, 28 /09	dated 16.05.2017. (2018) in published journals
Signature of User Date of submission of requisit	ion (Us	ser Faculty/		ure with st Head of In	amp istitution/Chief Investigator)
Signature of AIRF instrume Date of submission of requisit	O				
Note: Biological samples will be acc For TEM, samples should be For SEM, samples the thickr Fixationmay bedonein 2.5% G should be brought at AIRF, J Maximum of 10 samples per r	trimmedinto1.0-1.5mmth ness maybe upto1cubic cm Glutaraldehydeand2% para JNU in fixative or in phosp	ik pieces(4-5p aformaldehyde bhate bufferat4	iecesforeachsample). madein0.1Msodium phosp °Cpreferably between 10a		
For Office Use Only: Deposit Amount:					<u>-</u>