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:....................................................................................... 

<table>
<thead>
<tr>
<th>User Category:</th>
<th>JNU</th>
<th>Other Govt. Institutions</th>
<th>Industry/Private</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mode of Payment:</strong></td>
<td>Internal Fund Transfer</td>
<td>Demand Draft</td>
<td>Demand Draft</td>
</tr>
<tr>
<td><strong>Details:</strong></td>
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**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**  **Signature with Stamp**  
Date of submission of requisition: (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.
**Requisition Form for TEM/ SEM**

<table>
<thead>
<tr>
<th>Requestfor:</th>
<th>Sample Preparation</th>
<th>EM Viewing</th>
<th>EDX</th>
</tr>
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<tr>
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</tbody>
</table>

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

**User Name & Designation**

**Email & Mobile No.**

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**Type of Sample:** ________________ 
**Number of Samples:** ____ 
**Name of fixative:** ________________

**Orientation Required:** T.S  L.S  Any

**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 primary 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.
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