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><strong>User Category</strong></th>
<th><strong>JNU</strong></th>
<th><strong>Other Govt. Institutions</strong></th>
<th><strong>Industry/Private</strong></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>
<td></td>
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</tbody>
</table>

**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.
Requisition Form for TEM/ SEM

<table>
<thead>
<tr>
<th>Requestfor:</th>
<th>Sample Preparation</th>
<th>EM Viewing</th>
<th>EDX</th>
<th>S. No.</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name &amp; Address of Chief Investigator with designation, Email and Tel. No.</td>
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<tr>
<td>User Name &amp; Designation</td>
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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 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.
**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*.

*Central funds operated by the School/Centre must be approved by the Dean/Chairperson before sending it to AIRF.

It is also certified that necessary entry of the above payment has been entered in the ACR Register of our School/Centre vide Sl. No.............................Page No.............................

Signature
SO/AO/AR

Signature with stamp
Dean/Chairperson

In case the payment is to be made from UPE fund operated by the Bill Section/Project funds operated by S&P Section, the following details may please be filled.

UPE- II Project ID.................................

Project Head titled“..........................................................”

Project ID................................under the funding agency................................................for the financial year 2018-19.

Signature.......................... PI 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: .............................................

(For AIRF Office Use only)

Signature..........................
Date:.................................
Name of Instrument In-charge..........................
Advanced Instrumentation Research Facility

Director, AIRF
Date: .............

(For Finance Section / Project Cell Use only)

Finance Section / Project Cell