



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:.....

<u>User Category:</u>	JNU	Other Govt. Institutions	Industry/Private
<u>Mode of Payment:</u>	Internal Fund Transfer	Online Transaction/ Reference no. & date	Online Transaction/ Reference no. & date
<u>Details:</u>			

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.
- We understand that service tax will apply as per Accounts Section circular no. IX/2/1/2017-18/Finance/ dated 16.05.2017.
- Signature & Stamp of PI/head/Instt/Univ. is mandatory for approve your requisition form.

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. _____

User Category:	JNU	Other Govt. Institutions	Industry/ Private
<u>Mode of Payment:</u>	Internal Fund Transfer	Online Transaction/ Reference no. & date	Online Transaction/ Reference no. & date
<u>Details:</u>			

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 & Stamp of PI/head/Instt/Univ. is mandatory for approve your requisition form.

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

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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Phone No. 011-26704600, 26738838

Fax No. 011-26741966

Email: 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*.

*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/Director/HOD

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

(For Finance Section / Project Cell Use only)

Finance Section / Project Cell