

Date _____

Name _____

Designation _____

Lab/ Dept _____

Address _____

Handling of Instrument i) Operator Assisted () ii) Independent ()

Tel/Mobile no _____ Email _____

User Category (Tick) (a) RCB _____ (b) Other Govt. Institutions _____

Sample information

AFM Imaging: _____

Sample Type (Composition) _____

Contact Mode _____

Tapping Mode _____

Probe Used: _____

Accessories required _____

Date and Time of usage: _____

Number of samples: _____

Undertaking

I/We undertake to abide by the sample preparation guidelines. I/We submit the sample(s) in good faith and CIF will not be held responsible for loss/damage due to reason(s) beyond its control. I/We shall give due acknowledgement to the facility in the results so published in the journals.

Signature of User

Signature of PI with Date

Signature

(Scientist –In-Charge/Approving Authority)

Signature of CIF Technical Assistant

Date of completion of experiment:

Remark:

NB: The data can be collected in CD/DVD only. No USB (Pen drive/Hard disk) will be allowed