USER REQUEST FORM

SUN SIMULATOR

Name of the User	:	
Supervisor Name	:	
Department	:	
Employee & ERP ID (Internal users only)	:	
Name of the fellowship and Year (Internal users only) (Example, 1st Year -SSN JRF)	:	
Address	:	
Email ID	:	
Phone Number	:	
Number of solar cells	:	
Name of the solar cells		
Solar cell 1	:	
Solar cell 2	:	
Solar cell 3	:	
Solar cell 4	:	
Solar cell 5	:	
Type of sample	:	**Si/Perovskite/Thin film/DSSC/Other**
Invoice/Receipt Address	:	
GST	:	
PAN	:	

Signature of the User

Signature of the Supervisor/Signature of the Project Investigator/Head of the Department/Director of the Centre **WITH SEAL**

For office use only

Total amount (inclusive of 18% GST):	
Signature of Dean/Staff-In-charge:	

Service charges (Inclusive of GST):
Internal (SSN): 50 Rs/solar cell
External (Educational Institutions): 100 Rs/solar cell
External (R&D labs and Industry): 200 Rs/solar cell

Contact details: Dr. R. Govindaraj (9790346912) & govindarajr@ssn.edu.in