USER REQUEST FORM

Thermal Evaporator

| Name of the User | : |
|--|---|
| Supervisor Name | : |
| Department | : |
| Employee & ERP ID (Internal users only) | : |
| Name of the fellowship and Year (Internal users only) (Example, 1 st Year -SSN JRF) | : |
| Address | : |
| Email ID | : |
| Phone Number | : |
| Number of Samples | : |
| Name o | f the samples |
| Sample 1 | : |
| Sample 2 | : |
| Sample 3 | |
| Sample 4 | |
| Sample 5 | : |
| Type of Metals | : Al/Ag/other |
| Invoice/Receipt Address | |
| GST | |
| PAN | : |
| Signature of the User | <u>Signature</u> of the Supervisor/Signature of the Project Investigator/Head of the Department/Director of the Centre <u>WITH SEAL</u> |

For office use only

Total amount (inclusive of 18% GST):

Signature of Dean/Staff-In-charge:

<u>Service charges (Inclusive of GST):</u> Internal (SSN): 500 Rs/sample External (Educational Institutions): 1000 Rs/sample External (R&D labs and Industry): 2000 Rs/sample

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