USER REQUE	ST FORM

VDD

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Name of the User	:	
Supervisor Name	:	
Department	:	
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		
	f th	e samples
Sample 1		
Sample 1 Sample 2		
Sample 3	•	
Sample 4		
Sample 5	:	
Scanning range (2 theta)	:	
Type of sample	:	Powder/Alloy/Thin film/Wafer/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:		

Service charges (Inclusive of GST): Internal (SSN): 150 Rs/sample External (Educational Institutions): 250 Rs/sample External (R&D labs and Industry): 500 Rs/sample

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