

USER REQUEST FORM

Z-Scan

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	:	
Name of the samples		
Sample 1	:	
Sample 2	:	
Sample 3	:	
Sample 4	:	
Sample 5	:	
Type of sample	:	Crystal/Highly concentrated solution *(Minimum crystal size: 5 mm x 5 mm x <1 mm with >80% Transmission @ 632.8 nm) *Crystal must have uniform thickness
Name of the solvent	:	
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 <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): 500 Rs/sample

External (Educational Institutions): 1000 Rs/sample

External (R&D labs and Industry): 2000 Rs/sample