

**S. N. Bose National Centre for Basic Sciences**  
**Block,- JD, SECTOR – III, SALT LAKE, KOLKATA – 700098**

**EQUIPMENT UTILIZATION FORM FOR EXTERNAL USER**

NAME : ..... DESIGNATION : .....

ORGANIZATION : ..... E-MAIL : .....

CONTACT NO : .....

**EQUIPMENT TO BE USED**

XRD : ..... ESEM : ..... FESEM..... EDAX : ..... AFM : ..... VSM : .....

TG/DTA : ..... ELLIPSOMETER : ..... DLS : .....

SAMPLE SPECIFICATION : .....

TYPE OF SAMPLE : .....

SCAN RANGE : .....

FILE NAME : .....

NAME OF THE SUPERVISOR : .....

RATE (Rs/-) : .....

**SIGNATURE OF USER**

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**(FOR OFFICE USE ONLY)**

NO, OF SAMPLE :

HRS :

MACHINE USED :

DATE :

**OPERATOR'S SIGNATURE**