

S. N. Bose National Centre for Basic Sciences

Block- JD, SECTOR – III, SALTLAKE, KOLKATA – 700098

EQUIPMENT UTILIZATION FORM FOR INTERNAL USERS

NAME :

DESIGNATION :

ORGANIZATION :

E-MAIL :

CONTACT NO :

EQUIPMENT TO BE USED

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

TG/DTA : **ELLIPSOMETER :** **DLS :** **PLD.....DSC.....,**

SPUTTERING.....CD SPECTROMETER.....

SAMPLE SPECIFICATION :

TYPE OF SAMPLE :

SCAN RANGE :

FILE NAME :

NAME OF THE SUPERVISOR :

SIGNATURE OF SUPERVISOR

SIGNATURE OF USER
