SRM CENTRAL INSTRUMENTATION FACILITY
SRM INSTITUTE OF SCIENCE AND TECHNOLOGY, KATTANKULATHUR – 603 203

REQUISITION FORM FOR OPTICAL PROFILOMETER

DATE:

User Details	Guide Details
Name:	**Name:**
Dept:	**Dept:**
Phone:	**Phone:**
Email id:	**Email id** (as registered in SCIF portal)**:**

Sample information

No of slots; **(Restricted to two slots per submission)**	
No of Samples (Per slot 3 Samples);	
Sample Nature(Tick as appropriate, after reading important note at the bottom of this page);	**Powder / Pellet / Thin Film/If others please mention______________________**
Measurements required (Tick as appropriate);	**Thickness/ Roughness/2D topography/3D topography**
Any other details user want to furnish;	

Signature of the user

Signature with date & seal
(Guide/HOD)

(To be filled by the operator and in-charge)

Date of receipt of Sample: ______________________
Scheduled date of sample analysis: _____________________
Operator comments and Signature: ______________________________

Signature of Facility in-charge with date

Important Note:

- Samples must be flat in the top and bottom.
- For thickness measurements requires sharp step.
- Samples having higher roughness values will be difficult to measure.
- Users should bring their own CD/DVD for data collection.
- Charges as mentioned below; proof of payment to be enclosed along with requisition form.

Analysis	SRM user with GST (INR)	External academic user with GST (INR)	Industries and others with GST (INR)
Optical Profilometer	50rs for 30 minutes	250rs for 30 minutes	400rs for 30 minutes

All publications arising out of the research work, wherein the analytical services of the **SRM CENTRAL INSTRUMENTATION FACILITY, SRM IST** have been made use of, the Center shall be duly acknowledged.