



**REQUISITION FORM**  
**ANALYTICAL FACILITY**  
**SCHOOL OF PURE & APPLIED PHYSICS**  
**Mahatma Gandhi University,**  
**Priyadarshini Hills Kottayam-686 560, Kerala, India**  
**Phone: 0481 2731043**

Name: ..... Designation: .....

Address : .....

.....Pincode:.....

Billing Address .....

Phone Number: .....

E-mail address: .....

Type of Analysis

Sl. No	Analysis to be done	Nature of the Sample (liquid/solid/ high vapor pressure)	No of Samples	Specific request
1	XRD-Powder			
2	XRD-Single Crystal			
3	DSC			
4	PL Life time			
5	Fluorescence/PL			
6	UV-Vis			
7	Ellipsometer			
8	Microtopography			
9	AC/DC Conductivity			
10				

Note: 1. If the sample(s) present any danger to the personnel or equipment, then kindly provide appropriate handling instructions

I hereby certify that the user is a bonafide research student/employee of our organization, and **we agree that we shall acknowledge the use of these instruments in any reports or publications.** The payment of the bills for the charges for analysis of the sample(s) shall be made by:

Name& signature .....

The guide.....

(Name, Signature and date) Head of Department .....

(Name, Signature and seal