



Name of the user		Research Supervisor				
Contact No:		Institute/Company				
Email id.		No. of samples				
Payment details (Receipt to be attached)		Reference No:				
		Amount:	Date:			
S. No	Sample Code	Nature of the Sample (Powder/ metal /film / Biological)	Analysis required- FE-SEM/EDS/EBSD	Coating required (Yes/No)	Approximate Magnification Required	Charges
1.						
2.						
3.						
4.						
Total						
Signature of the Guide.			HoD/Dean/Director Signature with Seal.			
<p>Samples will be analysed only in the presence of the concerned user during their slot. However the users intend to analyse in absentia are requested to send the samples along with the online payment receipt and Slot Booking form by post/courier to the following address:</p> <p>FE-SEM Facility, CDMM Ground Floor, VIT, Vellore-632014. Ph:0416-2202294</p>						

-----Office purpose only-----

Received date:

Slot date/Time:

Date of FE-SEM analysis:

Signature of the FE-SEM operator

Signature of the Coordinator/In-charge