



Central Advanced Facilities for Material Characterization



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Characterization Request form

Name: _____

Designation: _____ (Faculty, PhD, M. Tech, B. Tech student etc.)

Mobile: _____ E-mail: _____

Affiliation (with complete address): _____

Equipment required: _____ No. of samples: _____

Sample details (Name and form (powder, thin film etc.): _____

Sample preparation required (If any) _____

Toxic: (YES/NO) _____ Magnetic/Non-magnetic _____

Any additional Information:s _____

Preferred Date and time slot (if any): _____

Name & Sign of Guide/Supervisor: _____

For office use:

Characterization done by (Name & Sign): _____

Total charge for measurement _____ (Including GST), In words: _____

Payment Ref. Number: _____ Requested date of measurement: _____

Actual date of measurement: _____ Comments and Sign of Co-Ordinator: _____

Dr. Dharendra K. Chaudhary

Co-ordinator, Central Advanced Facilities for Material Characterization
Prof. Rajendra Singh (Rajju Bhaiya) Institute of Physical Sciences for Study and Research