



National Institute of Advanced Manufacturing Technology

Central Instrument Facility

Requisition form for FESEM/EDX/EBSD

Date: _____

Name of the user:	Name of the supervisor:
Course: Ph.D. / M. Tech / B. Tech / ADC	Department:
Contact No.	No. of Samples submitted:
Email ID:	Nature of samples: Hazardous / Non-hazardous

Test/s to be done: Please provide the following details:

Sample Numbers	1	2	3	4
Sample Name				
Imaging / EDX / EBSD				
Detector type (SE/BSE)				
Requisite Magnification				
Acceleration Volts				
Expected & Major elements present				
Working Distance				

Remarks, if any:

Signature of user

Signature of supervisor

Signature of HOD/PI

For CIF Use – FESEM Facility

Date of Completion:

Signature of Technician

Details of Payment

Test / Analysis	Imaging	EDX	EBSD
No. of samples			
Amount (Rs.)			
Total amount paid:	Rs.		
Date of Transaction:			
Mode of Payment:	UPI app / NEFT / IMPS		
Transaction ID:			
Copy of transaction attached:	Yes / No		

Signature of user