

**SAVITRIBAI PHULE PUNE UNIVERSITY**  
Central Instrumentation Facility (CIF)

ANALYSIS REQUEST FORM  
Atomic Force Microscopy (AFM)

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**USER DETAILS:**

TYPE OF USER: (Tick whichever is applicable)

SPPU Campus Departments / SPPU affiliated colleges / Other University / Govt. Institute / Industry

NAME: \_\_\_\_\_

CONTACT NO. (Registered): \_\_\_\_\_

EMAIL ID (USER): \_\_\_\_\_

COLLEGE / INSTITUTE NAME: \_\_\_\_\_

GUIDE NAME: \_\_\_\_\_

EMAIL ID (GUIDE): \_\_\_\_\_

GST NO.: \_\_\_\_\_ (If applicable, only for Govt. Institute, Industry)

**SAMPLE DETAILS:**

Information of Sample: \_\_\_\_\_

NO. OF SAMPLES: \_\_\_\_\_

SAMPLE CODES/NAMES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE:**

Sample should be on silicon tape and the size of the sample should be 5mm x 5mm x 1mm (LxWxH).

**DECLARATION**

I understand that I will be held responsible for any damages arising from incorrect information provided by me. I agree to acknowledge Central Instrumentation Facility (CIF), Savitribai Phule Pune University (SPPU) for the results included in the publications. I also agree to send the publication reference (Journal name/volume number/names of the authors/date of issue of the publication etc) to "office@cif.unipune.ac.in". I declare that the "Content of this report is meant for our information only and we will not use the content of this report for advertisement, evidence, litigation or quote as certificate to third party". I accept that all the issued reports/results (Soft/hard) will not carry any Signature or Seal and Stamp of CIF, SPPU.

Name & Signature of the User