

Savitribai Phule Pune University
Central Instrumentation Facility (CIF)
Pune-411 007

Requisition for FESEM EDS

Date: / /

User Name : _____

Guide Name : _____

Affiliation : _____

Email Id : _____ Contact No: _____

Analysis Required (Tick mark) 1. FESEM 2. FESEM + EDS

Sr. No.	Sample Code	Nature of sample	Elemental Composition	Information required (Expected morphology and magnification)

DECLARATION

I hereby declare that, above samples are **not magnetic, toxic or hazardous.**

The bill will be adjusted from _____ budget head within the financial year.

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:

Guide's Name & Signature

H.O.D Name & Signature
with Stamp