



Central Instrument Facility, IIT (BHU), Varanasi-221 005
Internal Requisition Form Confocal Laser Scanning Microscopy



Nature of Work: UG/PG/IDD/PhD./PDF/Project/ Consultancy/ Industry. (Pl. Tick)

Req. No.:

User Information

Name of Indenter:

Name of Supervisor/PI (in case of PhD/Dissertation/Project): Employee ID:

Name & Address of Department/School:

Phone Number: Email:

Date:

Number of Samples: (**Maximum Five Sample in One Form**)

Signature of the indenter

Sample Type: (Solid...../Film.....) (**Tick Appropriate**)

Sl No.	Name of Sample	I. Description of The Sample			
		Cells/Tissue Fixed on the glass slide	Live Cells	Plant Cells /Tissue	Other
1.					
2.					
3.					
4.					
5.					

ii. Materials Surface Topography:

iii. Resolution required or any other technical information:

Pl. Specify if sample is **Toxic/ Hazardous/ Explosive/** etc.:

Do you want to present during the characterization or not?

Sample required be to preserve or not: Yes/ No (If NO mode of disposal):

Special request (if any):

Signature & Remark of Operator:Date & Time.....

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Requisition Number (CIF Office will provide) :	
Payment:	
A. Faculty Research Support Grant / CPDA	
Project Contingency (Project code)	
B. Department/School Operating Grant	
Pl. Deduct Rs.	
CIF: Professor In charge	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> For A: Faculty Member/PI (Signature with seal) </div> <div style="width: 45%;"> For B: HoD/Coordinator (Signature with seal) </div> </div>

<u>Expenditure may be debit/credit to:</u> Minor Head: IDF Minor Sub Head: Income from CIF	<div style="text-align: center;"><u>PASSED FOR PAYMENT/ ADJUSTMENT</u></div> <p>For Rupees</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Asst. S.O. A.R. D.R. </div>
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All users are required to acknowledge the use of CIF equipment / CIF facility and the person(s) providing the technical help in all their research publications/ articles resulting from the use of CIF. A copy of such publication must be submitted to CIF for reference and record. Email: cific@iitbhu.ac.in