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*..

✂ –

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	**For A: Faculty Member/PI** (Signature with seal) **For B: HoD/Coordinator** (Signature with seal)

Expenditure may be debit/credit to:

Minor Head: **IDF**
Minor Sub Head: **Income from CIFC**

PASSED FOR PAYMENT/ ADJUSTMENT

For Rupees …………….……...

Asst. **S.O.** **A.R.** **D.R.**

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: cifc@iitbhu.ac.in**