

Analysis Request Form

DST Unit on Nanoscience and Thematic Unit of Excellence

IIT Madras 600 036

<http://nano.iitm.ac.in>

E-mail: nano@iitm.ac.in

Bill No:

Date:

To

Sub: Your MALDI-MS/ HRTEM/ HRSEM/ CRM/ ULTRAMICROTOME/ ICP MS/ XPS FACILITY

User Name	Date of analysis	Time (from-to)/ Slot No.	No. of Samples	Assisted/ Un-assisted	Bill Amount

Please transfer the amount as per details below to

INTERNAL: IT20210762CYAAAA002505

EXTERNAL: ET20210761CYAAAA002505

TAN and PAN number (required only for external sample):

Operator:

Prof. T. Pradeep

Certified that the charges claimed in the bill are for the service availed based on our request and are acceptable.

1. Name of the user:

2. Project/DD No.....

3. Recurring grant from the department of.....

4. Address with phone number (only for external users).....

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5. Email ID (only for external users).....

Signature of HOD/ In-charge/ Project Coordinator.....

***NOTE TO IC&SR: Please enter the bill no. in the receipt details**